This information will be used for communication within the Saddleback HOA community only.

Property Address: He	ouse Number	Date		
Blue Grass Drive		Moss Rock Drive		
Riva Ridge Circle	Shannon Lane	Skyview Drive	Wasatch Drive	
Mailing Address (for no	on-resident owners – le	eave blank if the same as	property address)	
			Apt/Suite	
			rate Zip	
,				
Legal Owner(s) of Reco	rd (if joint tenancy, pl	ease list each person sepa	arately, i.e., husband and wife)	
1. Name				
Email				
Home ()	C	ell ()	 Work ()	
2. Name				
Email				
Home ()	C	ell ()	Work ()	
3. Name				
Home ()	C	ell ()	 Work ()	
be provided by mail or of reserves, and various revoke this consent any	other delivery (for exants collection and foreclotime by submitting a n	nple: mailing of secret ball		
Drint Manage				
Print Name:				
with other members of t	vivil Code Section 1365 he Association (don't solution to the Association (don't solution) he	5.2(a)(1)(I)(iii), I hereby <u>or</u> share my information with it (if allowing items to be in	ot out of the sharing of the following information fellow members) when they request it. Please included, leave blank):	
·	_	•	_	
Signed:			Date	
Print Name:				