

Vitalia at Tradition Resident's Association Inc.

Owner Information Update Form

Please fill out this form to assure that we have the most current information on file regarding your residence. The information provided will be used for management purposes only to help us manage your property in the event of emergencies, i.e. floods, hurricanes, power failures, etc. and provide you with community updates.

PLEASE PRINT CLEARLY:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Property Address: _____

City, State and Zip: _____

Phone: _____ Work: _____ Mobile: _____

Phone: _____ Work: _____ Mobile: _____

E-Mail 1: _____ E-Mail 2: _____

Mailing Address (If different than your property address): _____

Away Phone# _____

Emergency Contact: _____ Phone: _____

CONSENT TO RECEIVE NOTICES BY ELECTRONIC TRANSMISSION

I hereby consent to receive all official Association notices and other Association correspondence by electronic transmission (e.g., e-mail) to the above e-mail address, or such other e-mail address as provided by me in writing in the future. I acknowledge that by consenting below, my designated e-mail address shall become part of the Association's official records which are open to all Association members for inspection.

_____ (yes) _____ (no)

This Consent shall remain valid unless or until I opt out in writing to receive Association notices electronically.

_____ Date _____ Signature _____ Date _____

Signature

Signature

PLEASE COMPLETE AND RETURN TO:

Vitalia at Tradition Residents' Association, Inc.
c/o Campbell Property Management
11899 SW Apple Blossom Trail, Port St. Lucie, FL 34987
Telephone: (772) 800-2504 | Email: Vitalia@CampbellProperty.com