



Association of Seaview Condominium Owners
515 NW Saltzman Rd, PMB 908
Portland OR 97229
www.SeaviewHOA.org

Owner Request For Information

To ensure that communications and voting materials are distributed to all owners appropriately, we request that you provide your contact information. Please complete this form and return it in the self-addressed, stamped envelope provided.

Unit # _____ ☐ Full Owner or ☐ Fractional Track/Weeks owned: _____

Deeded Owner #1 Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Deeded Owner #2 Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Please list any additional owners or users/contacts on the back of this form

Emergency Contact (in the event you are unavailable)

Name: _____ Phone: _____

Relationship: _____

Mailing Address: _____

Email Address: _____

COMMUNICATION PREFERENCE: In an effort to save on mailing costs (paper, printing, envelopes, and postage) and provide more timely communications, we would like to utilize email and other electronic methods to deliver Seaview HOA community information. **NOTE: Documents that require mailing will still be delivered via US Mail.**

- ☐ Yes, I want to receive HOA information instantly by email and other electronic methods.
- ☐ No, I only want HOA communications sent to me via regular US mail. Mail to ☐ Owner 1 ☐ Owner 2

DUES INVOICE/STATEMENT PREFERENCE:

- ☐ Yes, I want to go paperless and have my invoices/statements emailed to me
- ☐ No, I want invoices/statements to be mailed via regular US mail. Mail to ☐ Owner 1 ☐ Owner 2

PERMISSION TO PUBLISH CONTACT INFORMATION in the Seaview Association (List of Owners) Directory:

- ☐ Yes, you have my permission to publish my contact information in the Seaview Association Directory.
- ☐ No, I do not want my contact information published in the Seaview Association Directory.

Your prompt reply is greatly appreciated, thank you!