



OWNER INFORMATION & COMMUNICATION PREFERENCES

Please complete this form so we can keep Seaview's owner records, contact information, and communication preferences current and ensure you receive Association communications, statements, voting materials, and other important notices.

OWNERSHIP INFORMATION

Unit #: _____

☐ Full Owner ☐ Fractional Owner (list track/week with Unit # above)

Name(s) on Deed (Individual(s), Trust, LLC, Corporation, etc.): _____

Mailing Address (for Official HOA Correspondence): _____

City: _____ State: _____ ZIP: _____

Please list each individual owner (or person with authority to act on behalf of the deeded owner-such as a Trustee or authorized LLC representative).

Owner/Representative #1

Name: _____

Email: _____

Phone: _____ ☐ OK to text

Mailing Address: ☐ Same as Official HOA Correspondence Address

If different: _____

Role/Capacity:

☐ Individual Owner ☐ Trustee ☐ LLC Manager

☐ LLC Member ☐ Other: _____

Owner/Representative #2

Name: _____

Email: _____

Phone: _____ ☐ OK to text

Mailing Address: ☐ Same as Official HOA Correspondence Address

If different: _____

Role/Capacity:

☐ Individual Owner ☐ Trustee ☐ LLC Manager

☐ LLC Member ☐ Other: _____

Please list any additional owners/representatives on the back of this form

DUES INVOICE/STATEMENT DELIVERY PREFERENCE

☐ Electronic ☐ U.S. Mail Send to: ☐ Owner/Rep 1 ☐ Owner/Rep 2 ☐ Both ☐ Other: _____

HOA COMMUNICATION PREFERENCE

Routine HOA communications are sent electronically *unless* you select U.S. Mail below. Documents *required* to be mailed will continue to be sent by U.S. Mail.

☐ Electronic ☐ U.S. Mail Send to: ☐ Owner/Rep 1 ☐ Owner/Rep 2 ☐ Both ☐ Other: _____

OWNER DIRECTORY

- ☐ No — Please do not include my contact information in the Seaview Owner Directory.
- ☐ Yes — You may include the following information in the Seaview Owner Directory (check all that apply):
- ☐ Name ☐ Email ☐ Phone ☐ City/State ☐ Mailing Address

Fractional Owners: Regardless of your directory preference above, your Unit Representative will have access to your full contact information for fractional unit communications and administration.

EMERGENCY / ALTERNATE CONTACT

Please provide a family member, trusted friend, or other person we may contact in an emergency involving you or your unit, or if we are unable to reach you. You may also authorize this person to receive and discuss HOA communications and/or account information to help ensure important matters are not missed. *This authorization does not give this person ownership, voting, or decision-making authority.*

Name: _____ Relationship: _____

Phone: _____ ☐ OK to text Email: _____

Mailing Address: _____

What may the Association share or discuss with this person?

- ☐ Contact Only — Assistance reaching me; no HOA or account information may be shared.
- ☐ HOA Communications — HOA notices, correspondence, forms, and other Association information.
- ☐ Account Information — Dues, statements, payments, balances, and other account information.
- ☐ Full Authorization — Both HOA communications and account information.

OWNER AUTHORIZATION

I confirm that the information provided is current and that I am authorized to provide the communication preferences and permissions indicated above for my unit/share.

Signature: _____ Date: _____

Printed Name of Owner/Authorized Representative: _____