

Today's Date \_\_\_\_\_

| I,, own (Owner's name)   | ner of the property a  | t<br>(Property          | Address)                            |
|--|------------------------|-------------------------|-------------------------------------|
| give my permission to the Two Sunset P   | ointe HOA to comm      | unicate with            |                                     |
|  | (Person or Managen     | nent Company)           |                                     |
| on my behalf. I will allow them to access  | s the following inforn | nation about my acc     | ount:                               |
| Financial Information related  | to balance dues, delin | nquencies, and/or pa    | ayment options.                     |
| Repairs, Improvements, or Mo   | odifications of my pro | perty.                  |                                     |
| Compliance Issues, including f   | ines.                  |                         |                                     |
| Permission to issue pool acces   | s cards to tenants th  | at are renting my pro   | operty.                             |
| Awareness of improvements t  | hat my neighbors are   | e making (i.e. shared   | fences, playsets)                   |
| I understand that it is my responsibility changing access for this company or ind responsible for decisions made by the a the above person or company. | lividual to my informa | ation. I agree not to l | hold Two Sunset Pointe HOA          |
| Owner Signature  |                        |                         |                                     |
| MUST BE NOTARIZED  |                        |                         |                                     |
| STATE OF:  | COUNT                  | Y OF:                   | <del></del>                         |
| Before me, a Notary Public, in and for sa<br>who a<br>sworn, stated that the representations to  | cknowledged the exe    | ecution of the forego   | d<br>ping, and who, having been dul |
| Witness my hand and Notarial Seal this   | day of                 |                         | _ 20                                |
| Signature  |                        |                         |                                     |
| Printed  | _                      |                         |                                     |
| My Commission Expires  |                        |                         |                                     |
| Received On L  | Jploaded On            | Ву                      | /                                   |