

**INDIAN LAKES ASSOCIATION
HOMEOWNER/RESIDENT INFORMATION FORM**

Date _____ Address _____ Virginia Beach, VA 23464

Billing Address: *(if different than unit)* _____

Owner Name (s) _____

Owner 1 Phone # _____ Email # _____

Owner 2 Phone # _____ Email # _____

Emergency Contact Name: _____ Phone: _____

Per the Virginia Non-Stock Corporation Act, the Association may send documents and correspondence to members via electronic transmission (email), provided consent is given by the member. Violations and Delinquencies are sent USPS or Certified mail only. In an effort to reduce Association expenses, do you consent to receive this type of communication?

YES NO

Yes, I/we consent to receiving Association correspondence through email.

Owner(s) Signature

Owner(s) Signature

Once consent is given, it may be revoked with a request in writing, at which time you would then receive mailed communications.

**IF YOU ARE LEASING YOUR HOME, PLEASE FILL IN THE INFORMATION BELOW
COMPLETELY AND PLEASE PROVIDE A COPY OF THE LEASE IF YOU CHOOSE**

Name(s) on Lease: _____

Tenant 1 Phone: _____ Email: _____

Tenant 2 Phone: _____ Email: _____

Management Company: _____ Agent: Name: _____

Agent's Work Phone: _____ Agent Email: _____

Term of Lease: _____

Please be sure to provide your Tenant with a copy of the current *Rules and Regulations*.
Thank you for your time and cooperation.

Mail or drop off the completed form to:

Indian Lakes Association
Attn: Tiffanie Smith
5202 Halifax Drive
Virginia Beach, VA 23464

Email to: management@indianlakesassociation.com