

San Francisco Suites on Nob Hill

AUTHORIZATION FOR ELECTRONIC MAILING OF HOME OWNERS ASSOCIATION DOCUMENTS

PLEASE PRINT

Name(s) on Grant Deed _____

Owner Share Number(s) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Primary Address: _____

City / State / Zip: _____

Business Address:(if applicable) _____

City / State / Zip: _____

Email address: _____

Phone #(s) Home _____ Cell _____

All information is required and will be used to update member files. If you have any question please call 415.433.9700 ext. 151 or email manager@sfsuitescsa.com

The issuance of this electronic Form is to confirm that I/we hereby authorize the issuance of all future communications from *The San Francisco Suites City Share Association* by electronic communications over Internet. *This authorization will remain in effect until it is formally withdrawn or modified by me/us in either a similar electronic communication or by written correspondence issued to and received by The San Francisco Suites Administrative Office and confirmed as received.*

I Authorize **I Decline**

Signature (required): _____ Date: _____

For Office Use Only:

Entered Filemaker: Name: _____ Date: _____

Entered Quickbooks: Name: _____ Date: _____