

Pierpoint Condominium Association, Inc

Please complete this form for accurate mailing, directory and emergency contact information.

Name of Owner: _____ Second Owner Name: _____

Residency Status: Full Time ____ Seasonal _____

Address For Correspondence:

Address (1) _____

Address (2) _____

City _____ ST _____ Zip _____

Email _____

Home Ph. # _____ Cell Ph.# _____ Out of Town Ph.# _____

In Case of Emergency Please Contact:

Name: _____

Address _____

Telephone No. _____ Relationship: _____

If this unit is rented, please complete the information below.

Tenants Name: _____

Telephone Number: _____ Email Address _____

Lease From: Month _____ Year _____ To: Month _____ Year _____

Please ensure all updated lease information is provided to the office.

In order to decrease the postage and mailing cost that the association incurs we have provided a consent to receive electronic communication below. Note: Florida statutes provide that for owners who consent to email communication their email addresses may be accessible to other owners. However, an owner has the ability to make their contact information "private" to all but the office after you have been registered and approved in our website.

CONSENT

You must provide consent even if your email address is on file. By initialing this box, I authorize Pierpoint Condominium Association and Coastal CAM Services, Inc to communicate via email. By registering in the website you are also providing consent.

By initialing this box, I authorize Pierpoint Condominium Association and Coastal CAM Services, Inc. to place information in the community telephone/address directory (if published) which will be made available to residents of Pierpoint only.

Please return the completed form by email to pierpointcondo@bellsouth.net. Or mail to: **PIERPOINT CONDOMINIUM ASSN**
175 SE St Lucie Blvd – Office
Stuart, FL 34996