

HORIZONS

M A R I N A D I S T R I C T

EMAIL DELIVERY CONSENT FORM

I hereby consent to the email delivery of the Horizons-Marina District Owners Association disclosure documents, as indicated below. I understand and agree that if the Association chooses to deliver said documents by email, that delivery is complete at the time of the transmission (and that all statutory or other notice requirements as defined in the Association's governing documents is perfected upon such transmission). If such documents are delivered by email, I understand that I have the right, at any time, to request, in writing, that the documents be made available to me in paper/non-electronic form. I further understand a) that it is my responsibility to notify the Association's Management Company, in writing, of email address changes; and, b) that I can revoke my consent to e-mail delivery, and again require Association notices, disclosures and other documentation in hard copy by sending my revocation notice to the Association's Management Company via email, facsimile or mail at the address listed below (and that if I do so, the management company will confirm receipt of my written request within five (5) business days of its receipt).

1. Assessment & Reserve Funding Disclosure Summary (form)
2. Pro Forma Operating Budget or Budget Summary
3. Assessment Collection Policy
4. Notice/Assessments and Foreclosure (form)
5. Insurance Coverage Summary
6. Board Minutes Access
7. Alternative Dispute Resolution (ADR) Rights (summary)
8. Internal Dispute Resolution (IDR) Rights (summary)
9. Architectural Changes Notice
10. Secondary Address Notification Request
11. Monetary Penalties Schedule
12. Reserve Funding Plan (summary)
13. Review of Financial Statement
14. Annual Update of Reserve Study
15. Notice of Proposed Rule Changes
16. Notice of Adopted Rule Changes
17. Notice of the Results of an Election to Reverse a Rule Change
18. Requests for Candidates
19. Board Meeting Notices
20. Notice of Annual Meeting Election Results
21. Annual Budget Report
22. Annual Policy Statement

If you wish to participate in this program, please complete the form below and return to the physical address below. ***WE MUST RECEIVE AN ACTUAL "WET" SIGNATURE- The form may not be submitted via email or fax.***

Owners Name Printed: _____
Must be on title First Name Last Name

Property Address: _____ Unit Number: _____ City: _____ Zip: _____

Email Address: _____ (Please print clearly and only one email address per household)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature: _____

(By signing above, you consent to the Association's distribution of the above referenced documents via email)