The cost of printing & mailing in FY20 exceeded $2,800. If you consent to receive official notices and records from HVMCA, please complete this document and return it to the office. You may include this document with your assessment payment, mail it separately to HVMCA 425 W Heritage Drive, Ridgecrest CA 93555 or drop it off at the Clubhouse Office.
If you do not agree, no action on your part is necessary.

Heritage Village Master Community Association

CONSENT TO ELECTRONIC NOTICE & RECORDS

I, the undersigned, do hereby grant Heritage Village Master Community Association (HVMCA) and its Agents the right to provide Notices and Records to me, as a member of HVMCA, electronically, specifically by email.

I understand that the email address provided by me will be used to transmit all official communications which will include, but is not limited to, Annual Policy Statements, Annual Budget Reports and Annual Financial Statements.

I understand that I have the right to request any communication be provided to me on paper and that such a request does not revoke my Consent to Electronic Notice & Records.

I further understand that this Consent to Electronic Notice & Records can be revoked, by me, at any time by mailing or hand-delivering a written request, complete with my signature. Requests can be sent to HVMCA, 425 W Heritage Drive, Ridgecrest CA 93555. Should my email address change I understand I can update that information by phone or email and a new Consent to Electronic Notice & Records will not be required.

Finally, I understand and agree that this Consent will be considered null and void should any email correspondence be returned to HVMCA as undeliverable for any reason.

_____   _____
PRINT Name   PRINT Name

_____   _____
Signature/Date   Signature/Date

_____
Heritage Address

_____
Mailing Address (if different from above)

_____
Email Address. Multiple Addresses can be used. If more space needed please use separate page.

OFFICE USE ONLY	
Date Received: **Document Scanned to File:**	
Email Address Confirmed:	**LOT #**
Date Consent Revocation Received/Change of Membership Status:	