

Southridge Estates

Homeowners Association, Inc.

Authorization to Release/Exchange Personal Financial Information

This form, when completed and signed by you, authorizes Southridge Estates Property owners Association, Inc. to release/exchange personal financial information from your property owner record to/with the person/entity you designate. Information used or disclosed pursuant to the authorization is no longer protected by Association and may be subject to redisclosure by the recipient of your information. You have the right to revoke this authorization at any time by sending written notification to the Association. However, your revocation will not be effective to the extent that the Association has taken action in reliance on the authorization. **If the property is owned by more than one individual, all owners must sign and date this form.**

Property address: _____

I authorize Southridge Estates Property owners Association, Inc. to release/exchange the following information. Please provide a description of the information that you want disclosed. Your description should be as specific and detailed as possible. For example, "A Statement of Account from January 1, 2015 to present."

This information should only be released/exchanged to (the name and contact information for the person/entity to whom the information is to be released).

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Email: admin@southridgeestateshoa.com

Website: www.southridgeestateshoa.com

This authorization shall remain in effect until (a specific expiration date) or until (fill in an event that relates to the individual or the purpose of the use or disclosure).

If the property is owned by more than one individual, all owners must sign and date this form.

Printed name of property owner _____

Signature _____

Date signed _____

Printed name of property owner _____

Signature _____

Date signed _____