

OXNARD MEDICAL ARTS PLAZA

c/o Anchor Community Management, Inc.
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REQUEST FOR DELIVERY OF ASSOCIATION DOCUMENTS BY E-MAIL

The undersigned hereby certify/certifies that he/she/they is/are the record owner(s) (if one, or more than one, collectively the "Owner") of the unit/lot identified below located within the Association. Owner hereby requests that whenever Association ("Association") distributes any of the following Association documents to the Association membership, the Association will send them via electronic transmission to the e-mail addresses listed below in lieu of personal or mail delivery to Owner's physical address:

Annual Budget Disclosure Packet, including:

- Pro Forma Operating Budget
- Assessment and Reserve Funding Disclosure Summary
- Assessment Collection Policy
- Notice: Assessments and Foreclosure
- Insurance Coverage Summary
- Statement of Board Minutes Access
- Alternative Dispute Resolution (ADR) Rights (summary)
- Internal Dispute Resolution (IDR) Rights (summary)
- Architectural Changes Notice
- Secondary Address Notification Request
- Monetary Penalties Schedule
- Reserve Funding Plan

Financial Review/Audit

Notice of Proposed Rule Changes; Adopted Rule changes or challenges to rule changes

If there is more than one record Owner, it is recommended that each Owner should complete and sign this Request. If fewer than all record owners complete this Request, the Association will deem that to mean that the owner(s) submitting this request has/have the consent of all other record owners that the Association Documents shall be delivered to the e-mail address(es) indicated above in lieu of personal or mail delivery, unless the Association is notified to the contrary in writing. An owner is responsible for notifying the Association of any change in e-mail address(es). An owner may revoke this request in writing (email, mail or fax) and receive "hard copies" of the Association Documents at any time.

Upon written request to the Association, Owner shall have the right to "hard copies" of any Association Documents that are delivered via-email. There is no charge if the request is received before the mailing to all homeowners.

Owner Signature

Owner Signature

Print Owner Name

Print Owner Name

Email address

Email address

OMAC Address *W. 7th Street, Oxnard, CA 93030*

Date

Check this box if you also wish to receive paperless statements and newsletters.

This form can be submitted by mail, fax, or scanned and emailed, as long as it is signed by the owner.