

Owner Information Sheet

Please complete the following and **return to the IHCA within 30 days of receipt.**

Date: _____

Name(s): _____

Address: _____

Mailing Address (if different from above): _____

Phone Number (including area code): Home: _____

Cell: _____ Other: _____

Email: _____

Alternate Email: _____

Consent of Members to Receive Electronic Transmissions

The Issaquah Highlands Community Association wishes to communicate with members via electronic communication.

The IHCA must first obtain the consent of the recipients to receive such communication. Electronic notice is not effective without such prior consent. Members may complete this form and return a signed copy by mail, facsimile (425-837-4720) or personal delivery, or they may return the completed form by email to ETconsent@ihcommunity.org so long as the email provides sufficient information to determine the sender's identity.

I consent to receive electronically transmitted notices under the Washington Nonprofit Corporation Act. Please send such notices to the email address below:

Printed Name: _____ **Date:** _____

Signature: _____

Renting your home? In accordance with the Lease Restriction Policy via Board Resolution 16-001, please register your tenant with the IHCA. Please note short term leases (less than 6 months) are prohibited.

Current Lease Dates: _____

Tenant Name(s): _____

Phone Number (including area code): _____ Alternate Phone Number: _____

Email Address: _____

Please send completed forms via email to soledad.r@ihcommunity.org or by mail to the following address: **IHCA, 2520 NE Park Drive, Suite B, Issaquah, WA 98029.**