

DATE _____

**Lakewood Springs Homeowners Association
Authorization for Electronic Notification**

I (we) hereby authorize **Foster/Premier Inc.** as Agents for the **Lakewood Springs Homeowners Association** to initiate an Association related notification by email, text message or telephone to the below listed contact information:

NAME OF PROPERTY OWNER

ADDRESS OF PROPERTY OWNER

Please choose a method of notification below:

EMAIL ADDRESS

PHONE Text

(____ ____ ____) ____ ____ ____ - ____ ____ ____

This authorization will remain in effect until **Foster/Premier Inc.** as Agents for the **Lakewood Springs Homeowners Association** has received written notification from me (us) of its termination in such time and manner as to allow reasonable opportunity to act on it.

Signature

Signature

Printed Name

Printed name

PHONE (home) _____

(business) _____

Please return to: Lakewood Springs South Clubhouse-501 Mitchell Dr, Plano. IL 60545
Fax (630)552-3624