Villas de Golf Condominium Association, Inc.

APPROVAL FOR RELEASE OF MY PERSONAL INFORMATION

I/We,		<u></u>
Owner(s) or Renter(s) of	f Unit	
Agree to waive my right which shall be available	Golf Condo Assoc. at 12300 Vonn F to confidentiality and release the fol to other Villas de Golf Owners in the ociation Community Website.	lowing information
(This information will no	ot be used for any other purposes)	
Unit Phone:	Cell Phone:	
Summer Phone:	Other Phone:	
E-Mail for Phone Book:		
E-Mail for contact info	only:	
Summer Address:		
Signature(s) & printed n	ames on deed or lease:	
Signature	Printed Name	Date
Signature	Printed Name	Date