Trilogy at Rio Vista Confidential Resident Information

RETURN BY: _____

Resident Information

Current Date:	**Village:**	**Homeowner, Resident or Tenant (circle one)**
Name:	**Address:**	**Date of Birth:**
Primary Phone ( )	**Alternate Phone ( )**	**Age:**
Email:		
Mailing Address: (if different from property address)		
If You are a Tenant, Please provide Name of Owner Address & Phone:		

Do you provide authorization for your name to be provided to your Village Board President? Yes ☐ No ☐

Initial _____

For Homeowners renting/leasing their homes: By signing below, I authorize Trilogy to issue the transponders from my tenants and to re-register my transponders with the HOA office upon termination of any lease or tenancy. If my tenant fails to return the transponder(s) to me, I understand that I will be obligated to pay the Association rate for replacement transponders.

_____ _____ _____

Signed **Printed** **Date**

For Tenants purchasing transponders for the home, they rent: By signing below, I acknowledge that I have been informed that transponders stay with the property listed above and that there are no refunds or buy backs of transponders by the Association. I also acknowledge that transponders cannot be transferred to another property in Trilogy.

_____ _____ _____

Signed **Printed** **Date**

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List Additional Occupants ***(Anyone else living at the property address)***

First & Last Name:	**Relationship to Owner:**
Primary Phone: ( )	**Alternate Phone: ( )**
Primary Email:	**Date of Birth:**

First & Last Name:	**Relationship to Owner:**
Primary Phone: ( )	**Alternate Phone: ( )**
Primary Email:	**Date of Birth:**

First & Last Name:	**Relationship to Owner:**
Primary Phone: ( )	**Alternate Phone: ( )**
Primary Email:	**Date of Birth:**

Pets in Household (maximum of 2):

Animal Name:	**Type/Breed of Animal:**	**Color:**	**Age:**	**Lost Pet Note:**
Animal Name:	**Type/Breed of Animal:**	**Color:**	**Age:**	**Lost Pet Note:**

Trilogy
at Rio Vista

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Frequently Authorized Guest Names ***(First & Last Name)***
You will be provided with Dwelling Guest Access for future updates

1	
2	
3	
4	

Authorized Service Provider Names ***(Housekeepers, Pet Sitters, Gardeners, Pest Control, Etc.)***

Name:	**Vendor:**
Name:	**Vendor:**
Name:	**Vendor:**

Emergency Contact Names ***(Name and Address - Required)***

Name:	**Contact Phone:**
Name:	**Contact Phone:**
Name:	**Contact Phone:**

Vehicle Information ***(All occupant vehicles for anyone living at the property address)***

Make	Color	Model	Year / State	License Plate #

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Consent *(To be filled out by owner on title)*

1 hereby consent to the email delivery (to the Primary Email listed on page 1) of Trilogy at Rio Vista and Village Association disclosure documents, as indicated below. I understand and agree that if the Association chooses to deliver said documents by email, that delivery is complete at the time of the transmission (and that all statutory or other notice requirements as defined in the Association's governing documents is perfected upon such transmission). If such documents are delivered by email, I understand that I have the right, at any time, to request, in writing, that the documents be made available to me in paper/non- electronic form. I further understand a) that it is my responsibility to notify the Association's Management Company, in writing, of email address changes; and, b) that I can revoke my consent to e-mail delivery, and again require Association notices, disclosures and other documentation in hard copy by sending my revocation notice to the Association's Management Company via email, facsimile or mail at the address listed below (and that if I do so, the management company will confirm receipt of my written request within five (5) business days of its receipt).

DISCLOSURE DOCUMENTS INDEX

1. Assessment & Reserve Funding Disclosure Summary (form)
2. Pro Forma Operating Budget or Budget Summary
3. Assessment Collection Policy
4. Notice/Assessments and Foreclosure (form)
5. Insurance Coverage Summary
6. Board Minutes Access
7. Alternative Dispute Resolution (ADR) Rights (summary)
8. Internal Dispute Resolution (IDR) Rights (summary)
9. Architectural Changes Notice
10. Secondary Address Notification Request
11. Monetary Penalties Schedule
12. Reserve Funding Plan (summary)
13. Review of Financial Statement
14. Annual Update of Reserve Study
15. Notice of Proposed Rule Changes
16. Notice of Adopted Rule Changes
17. Notice of the Results of an Election
18. Request for Candidates
19. Board Meeting Notices
20. Notice of Annual Meeting Election Results
21. Annual Budget Report
22. Annual Policy Statement
23. Newsletters

Owner Signature Consenting to Document Delivery via Email: _____

TRVMA Consent for Electronic Delivery and Publication in Trilogy Living Magazine

MEMBER OPT IN ☐

In accordance with California Civil Code 4040(a)(2), I,_____ do hereby give my consent to receive Trilogy at Rio Vista Master Association documents, which require individual notice, via electronic mail as well as my consent that our name(s), street and Village can be published in the Trilogy Living Magazine.

I understand that I may revoke my consent for electronic distribution of these documents or publication of my/our information by submitting my Opt Out request in writing to the Administration Office with the following information:

Property Address: _____

Email Address #1: _____ Email Address #2: _____

Signature: _____ Phone Number: _____

MEMBER OPT OUT ☐

Pursuant to California Civil Code 5220, a member may opt out of the sharing of that member's name, property address, and mailing address on a membership list which must be distributed to association members upon request.

If you would like to opt out of having your name and addresses included on a membership list which may be available to association members, please complete the form below.

You may change your Opt Out option at any time by sending a written request to the Administration Office to be removed from the Opt Out List.

In accordance with California Civil Code 5220, _____, would like to remove my name and address(es) from the membership list until further notice from me.

Signature: _____ Date: _____

Property Address: _____

Trilogy at Rio Vista Master
990 Summerset Drive
Rio Vista, CA 94571
Phone: (707) 374-4843