## OAK SHORES COMMUNITY ASSOCIATION

## Dear Member:

The law and the Association's Bylaws require the Association to keep a membership list, and also entitles members to obtain a copy of the membership list. By law, the list includes each member's name, property address, and mailing address. (Civil Code § 5200(a)(9).) In addition, California law *may* also require that members' email addresses also be disclosed as part of the membership list (to the extent the Association has a list of email addresses, although the law is debatable on that point.)

The law allows members to "opt-out" of having their contact information (name, property address, mailing address, and other information included in the list) shared. Per Civil Code §5220, this must be done in writing and if so, the member must agree to be contacted via an alternative method. A member may rescind an "opt-out" at any time by notifying us in writing.

If you do not want your information shared with other members, please complete the "opt-out" form below and return it to us at your soonest convenience. You may either:

- mail this form to <u>2727 Turkey Cove Rd</u>; Bradley CA 93426
- drop off this form at <u>same as above</u>;
- e-mail this form to \_\_\_\_\_\_sdayton@oakshores.us

**NOTE**: Simply stating that you do not want to be contacted by other members <u>is not a legal option</u>. (Civil Code § 5220.) If you choose not to share your name, property address, and mailing address, then you must agree to be reached by an alternative method. If you opt-out but do not provide an alternative method of contact, your opt-out form (this letter) is not valid and the Association must provide your contact information to other members upon request.

If you have any questions, please contact Tom Reber in the Management Office.

## **OPT OUT REQUEST FORM**

I,	( <i>please print</i> ), choose to opt out of having the	
	ation shared with other members: (c	
□ Name	<ul><li>Property Address</li><li>Mailing Address</li></ul>	<ul><li>Telephone Number</li><li>Email Address</li></ul>
	ER requests my contact informatio mailing or similar outside service)	n, I agree to be contacted through the via the following method:
By first-class n	nail to my mailing address:	
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	ess is:	
Signature:		Date: