



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / residentservices@grsmt.com

ANTIQUERS AERODOME, INC.

HOMEOWNER CONTACT INFORMATION & EBLAST AUTHORIZATION

OWNER INFORMATION: (Please print legibly)

Homeowners' Name: _____
Property Address: _____
Mailing Address: _____
Home Number: _____ Work Number: _____
Cell Number (1): _____ Cell Number (2): _____
E-Mail Addresses: _____ / _____
Owner's Signatures: _____ / _____

RESIDENT INFORMATION:

Resident's Name (other than above): _____
Cell Number (1): _____ Cell Number (2): _____
E-Mail Addresses: _____ / _____
Resident's Signatures: _____ / _____

RESIDENT INFORMATION:

Resident's Name (other than above): _____
Cell Number (1): _____ Cell Number (2): _____
E-Mail Addresses: _____ / _____
Resident's Signatures: _____ / _____

I hereby give my permission to Antiquers Aerodome, Inc. and GRS Community Management to send me emails for the purpose of updating me on community events, receiving meeting notices and other communications. I understand it is my responsibility to notify GRS Community Management if my e-mail address changes. I understand that GRS Community Management will not be held responsible for notices that are sent and not received or are received in a "spam" folder. I understand that I can opt out of the Eblast program by sending my request in writing to GRS Management Associates via email to residentservices@grsmgt.com.

I **opt in** for Eblasts _____ I **opt out** for Eblasts _____
_____ **Homeowner Signature** _____ **Date**

I **opt in** for Eblasts _____ I **opt out** for Eblasts _____
_____ **Homeowner Signature** _____ **Date**

Please submit this completed form vis USPS or email to the address/email address as indicated above.