

Common Interest Community Board

COMMON INTEREST COMMUNITY ASSOCIATION CONTACT PERSON/MANAGEMENT CHANGE FORM

ASSOCIATION INFORMATION

1. Enter the Association's Common Interest Community Board Registration No.

0	5	5	0						
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2. Full Name of Association _____
3. Website Address of Association (if available) _____

CONTACT PERSON CHANGE

4. Name of Former Contact Person _____
5. Name of New Contact Person _____
6. New Contact Person's Mailing Address _____

 City _____ State _____ Zip Code _____
7. Contact Numbers _____

Primary Telephone
Alternate Telephone
Fax
8. Contact Person's Email Address _____
9. Effective Date of Change _____

GOVERNING BOARD MEMBER INFORMATION

10. Full Name of Governing Board Member _____
11. Governing Board Member's Mailing Address _____

 City _____ State _____ Zip Code _____
12. Contact Numbers _____

Primary Telephone
Alternate Telephone
Fax
13. Governing Board Member's Email Address _____
14. Effective Date of Change _____

Contact information for the governing board member authorized by the association to receive correspondence related to notices of final adverse decision from the Office of the Common Interest Community Ombudsman.

Continue to Association Management Change on the next page.

OFFICE USE ONLY	DATE	FEE NO FEE	TRANS CODE 8021	ENTITY #	FILE #/LICENSE # 0550	ISSUE DATE
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ASSOCIATION MANAGEMENT CHANGE

15. Indicate how the community association is managed.

☐ Self-managed (i.e., resident, volunteer, etc.)

☐ Managed by an employee of the association

☐ Under contract with a common interest community manager If under contract, provide the following information:

Name of Management Company _____

Common Interest Community Manager License Number

0	5	0	1						
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Website Address of Management Company (if available) _____

16. Effective Date of Change _____

17. Signature of Representative _____

Printed Name of Representative _____

Representative's Title _____

Date _____