

**THE RIVERVIEW ASSOCIATION, INC.**  
**DIRECTORY AND EMAIL PERMISSION FORM**

**OWNER/LESSEE NAME:** \_\_\_\_\_  
**CO-OWNER/CO-LESSEE NAME:** \_\_\_\_\_  
**UNIT NUMBER:** \_\_\_\_\_

**I/WE GIVE PERMISSION FOR THE FOLLOWING TO APPEAR ON THE RIVERVIEW CONDO RESIDENT DIRECTORY FORM:**

FIRST NAME(S):	LAST NAME:	YES	NO
UNIT NUMBER:		YES	NO
PHONE NUMBER:		YES	NO

**BY FILLING IN THE FOLLOWING INFORMATION, I/WE GIVE PERMISSION FOR OUR BIRTHDAY AND WEDDING ANNIVERSARY INFORMATION TO BE POSTED AND ACKNOWLEDGED BY THE BUILDING SOCIAL SECRETARY (Non-board function):**

**BIRTHDAY(S)**

NAME	DAY	MONTH	YEAR (OPTIONAL)

**ANNIVERSARY**

NAMES	DAY	MONTH	YEAR (OPTIONAL)

**I GIVE MY PERMISSION FOR OFFICIAL BOARD NOTIFICATIONS TO BE SENT VIA:**

MODE OF NOTIFICATION	YES	NO
EMAIL ADDRESS:		
USPS ADDRESS:		
HAND DELIVER TO CONDO UNIT:		

**LOCAL PHONE NUMBER (941) FOR USE IN THE FRONT DOOR ENTRY (BUZZ) RELEASE:**

941-                      -
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_