



TSR ELECTRONIC INFORMATION

Name/s of Owner/s on Grant Deed:

TSR Owner #: -----

Mailing Address: -----

E-Mail Address*: -----

Telephone: -----

Signature(s): -----

*** We must have your email address**

The issuance of this electronic form is to confirm that I/We hereby authorize the issuance of all future communications (see list below) from the Tahoe Seasons Resort Owner's Association by electronic communication over the Internet. This authorization will remain in effect until it is formally withdrawn or modified by me/us in either a similar electronic communication or by written correspondence issued to and received by the TSR Administrative Offices and confirmed as received. I understand that my/our annual maintenance fee invoice will still be delivered via the US Postal service.

Quarterly Newsletter _____

Please complete this form and mail it to the Tahoe Seasons Resort, P.O. Box 16300, South Lake Tahoe, CA 96151 or fax it to (530) 541-3143

If you encounter any difficulty with completion and issuance of this electronic form, please contact the Tahoe Seasons Resort Administrative Office at (530) 541-6700 ext. 593