

**FAIRWINDS OF ANNAPOLIS  
EMAIL AUTHORIZATION FORM**

I, \_\_\_\_\_ owner of \_\_\_\_\_ at Fairwinds of Annapolis, authorize all notices regarding community business to be sent via email.

Please send the notices to the following email address \_\_\_\_\_.  
I am aware that if my email changes and I do not confirm management of the change, I will not get notices regarding community business. In addition to receive notices via email until written notice to cease is provided to management.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Unit Address

\_\_\_\_\_  
Date

134 holiday Ct. # 308  
Annapolis MD 21401  
410.571.1400 Fax 410. 571.7725  
Kathy@brodiemgmt.com