



**Common Interest Community Board**

**COMMON INTEREST COMMUNITY ASSOCIATION CONTACT PERSON/MANAGEMENT CHANGE FORM**

**ASSOCIATION INFORMATION**

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

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- Full Name of Association \_\_\_\_\_
- Website Address of Association (if available) \_\_\_\_\_

**CONTACT PERSON CHANGE**

- Name of Former Contact Person \_\_\_\_\_
- Name of New Contact Person \_\_\_\_\_
- New Contact Person's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Contact Numbers \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- Contact Person's Email Address \_\_\_\_\_
- Effective Date of Change \_\_\_\_\_

**GOVERNING BOARD MEMBER INFORMATION**

- Full Name of Governing Board Member \_\_\_\_\_
- Governing Board Member's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Contact Numbers \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- Governing Board Member's Email Address \_\_\_\_\_
- 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 <b>NO FEE</b>	TRANS CODE <b>8021</b>	ENTITY #	FILE #/LICENSE # <b>0550</b>	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 

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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 \_\_\_\_\_