Resident Directory Release Form

I (We) hereby consent to the Association's use of the designated contact information in connection with the Del Webb Nocatee Resident Directory covenant to make no claim against the Association (nor its officers, directors, agent, or employees) in connection with the Association's publication of such information. Should I (we) retract our consent to publishing the designated contact information, I (we) understand that the Association agrees to make a reasonable effort to remove the contact information from any published electronic media, but that the Association cannot be responsible for removing the contact information from those media that have already been published and disseminated. This release is valid for future annual directory publication unless retracted or updated.

Record Owner(s) please submit information as you consent to be published in the resident directory and sign below.

Del Webb Nocatee Address: _____

Homeowner 1 Name: _____

Homeowner 2 Name: _____

Email Address Homeowner 1:

Email Address Homeowner 2:

Home Phone: _____

Homeowner 1 Cell #: _____

Homeowner 2 Cell #: _____

_____

Date Signature Homeowner 1

_____

Date Signature Homeowner 2

☐ By checking this box agree, I agree to allow my information to be posted to the online Del Webb Nocatee Directory

Below this line is for office staff only

_____ _____

Date Processed Process By

Scan and email to your Lifestyle Director, Samantha Stiles at sstiles@castlegroup.com and/or via regular mail to: Del Webb Nocatee, 109 Country Brook Ave, Ponte Vedra, FL 32081