



THE LANDFALL COUNCIL OF ASSOCIATIONS
ELECTRONIC BILLING AND ADDRESS VERIFICATION FORM

If you wish to receive the Landfall COA Assesment Invoices by electronic delivery only, please sign, date and return this form to the Landfall COA Office to the attention of the Accounting Department. By Signature, you acknowledge that it is your responsibility to inform tho COA of any e-mail address changes.

Landfall Property Address: _____

Mailing Address: _____

E-mail Address: _____

Home Phone: _____

Cell Phone: _____

Date: _____

Name: _____

Signature: _____