Arlington Ridge CDD Resident Opt-In Email Form

NOTE TO STAFF: This form may contain confidential information. Please do not disclose its contents without first consulting the District Manager.

PRIVACY NOTICE: Under Florida's Public Records Law, Chapter 119, Florida Statutes, the information you submit on this form may become part of a public record. This means that, if a citizen makes a public records request, we may be required to disclose the information you submit to us. Under certain circumstances, we may only be required to disclose part of the information submitted to us. If you believe that your records may qualify for an exemption under Chapter 119, Florida Statutes, please notify the District Manager and complete the Address/Identification Confidentiality Request from Public Records Disclosure Form.

RESIDENT INFORMATION

Last Name _____ **First Name** _____

Street Address _____ **Lot #**_____

E-Mail Address _____

☐ I would like to receive e-mails on District programs and events.

PLEASE READ AND SIGN BELOW:

The undersigned agrees and acknowledges that the above information is true and correct The undersigned also acknowledges that any emails sent or received through the Arlington Ridge CDD email notification platform may constitute public records under Chapter 190, Florida Statutes, and thus may be subject to disclosure in response to a public records request.

Print Name:_____

Signature: _____

Date: _____ ***ARCDD Employee Initials***_____