CENTURY PLAZA HOTEL RESIDENCES OWNERS ASSOCIATION MEMBERSHIP LIST OPT OUT FORM

Unit #: _____

Century Plaza Hotel Residence certain circumstances, to insp membership list, including Membership lis	ect and copy the	Century Plaza Hotel Res	sidences Association's
Homeowners, though, may opto Plaza Hotel Residences Associa			
Please complete the form below You may return it to Managemen	-	t your information shared w	vith other homeowners
If we do not have in our file this f your name, property address, ar			
Membership List Opt Out ☐ Homeowner or ☐ Lessee			
Name:(Print Name)		Date:	
Signature:			
Property Address:		Unit #	
City:	State:	Zip Code:	
☐ Please check here if you			

Please send your completed form to the address below:

CENTURY PLAZA HOTEL RESIDENCES OWNERS ASSOCIATION

2025 Avenue of the Stars Suite 1700 Los Angeles, Ca, 90067