

Spring Valley Lake Association  
PO Box 1169  
Roseville, CA 95678



Lot Address: [unit address]  
CIDC Account #: [account #]  
Activation Code: [activation code]

[owner name]  
[address 1]  
[address 2]  
[city, state zip]

E-Mail: [email]  
Primary Phone: [phone 1]  
Secondary Phone: [phone 2]

## **ACCOUNTING & ASSESSMENT BILLING SERVICES**

Spring Valley Lake Association partnered with our firm for accounting services. Our service to your Association will begin on September 1st and will include assessment billing starting with the November 1<sup>st</sup> assessment. We would like to take this opportunity to verify that we have the best contact information for you and let you know about several assessment payment options that we offer.

**You may update your contact information which appears on this letter using our online portal noted below or the enclosed form.**

**You may choose the most convenient assessment payment option from the following.**

1. You may pay your assessment by mail or use an online bill pay service. An assessment billing statement and remittance envelope will be mailed to you quarterly. Please note your new account number [account #] and update the mailing address to:

*Spring Valley Lake Association  
c/o CiD Consortium, LLC  
PO Box 1169  
Roseville, CA 95678*

2. The association office will continue to accept assessment payments. We encourage you to send them directly to us.
3. You may register for our electronic funds transfer (EFT) program by completing the enclosed EFT form. We offer the 1st, 7th, or the 15th day of the quarter.
4. You may register on our Owner Portal noted below to manage your EFT payment information online.

**To register for our Owner Portal** where you may update your contact and payment information online go to <https://www.hoaonline.pro> . Once on our site click Register Here, complete the fields, and press Save. Your activation code is printed at the top of this letter. Once logged in you can update your contact info from the Owner menu and manage your recurring electronic funds transfer (EFT) payment from the Account menu.

We are available weekdays from 8am to 4:30pm to provide assistance with your account and registration. If we can be of service, please contact us at 1.888.786.6000 ext. 0 or via email at: [cservice@cidcllc.us](mailto:cservice@cidcllc.us). We look forward to serving you.

Loretta Bradley  
Client Accounting Manager

**Owner Contact Information**

Allow us to update your contact information by completing the following information, sign, and return this form. Civil code requires us to notify you of your obligation to provide the association with items 1, 2, 3, and 5 annually. We will use the last address provided, or, if none, the property address if you fail to respond to this request. You may return it with your next payment or by email to [cservice@cidcllc.us](mailto:cservice@cidcllc.us).

Additionally, our online portal <https://hoaonline.pro> is available for you to update your contact information, make payments, and access community information at any time.

CIDC Account #: \_\_\_\_\_ Lot Address: \_\_\_\_\_

**Owner(s)**

\_\_\_\_\_  
*Name*

\_\_\_\_\_ *Primary Phone* \_\_\_\_\_ *Secondary Phone*

\_\_\_\_\_ *Email(s)*

1. The address to which notices from the Association are to be delivered

**Primary Address**

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

2. An alternate or secondary address to which notices from the Association are to be delivered (if any)

**Alternate Address**

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

3. The name and address of your legal representative, if any, including any person with power of attorney or other person who can be contacted in the event of your extended absence (if any)

**Representative**

\_\_\_\_\_ *Name* \_\_\_\_\_ *Phone #*

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

4. In the event of an emergency the Association may contact (if any)

**Emergency**

\_\_\_\_\_ *Name* \_\_\_\_\_ *Relationship*

\_\_\_\_\_ *Primary Phone* \_\_\_\_\_ *Secondary Phone* \_\_\_\_\_ *Email*

5. Is the separate interest that you own (Check only one)

- Owner Occupied
  Rented Out
  Developed, but vacant
  Undeveloped

**Signature**

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*