

Oak Landing Property Owner Association  
908 Oaklanding Circle  
Seven Points, TX 75143

I, \_\_\_\_\_ am a candidate for  
a Board position of the Oaklanding POA.

Date of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_

I give my consent for a Board Member of the Oaklanding POA to run a  
background check.

\_\_\_ I have NOT been convicted of a felony

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Signature

Print Name

Date

***Disclaimer: The Board member that verifies the background check will didact the above  
personal information but will maintain this consent in the records of the Oaklanding  
Property Owners Association.***