

_____ (CA Name)

Owner & Resident Contact Information Form

Unit #: _____

A. Unit Owner

Legal-Owner Name(s): _____

Mailing Address*: _____

City: _____ State: _____ Zip: _____

*This address will be used for all Association documents requiring attention or action by the unit-owner(s).

Phone: (home) _____ (mobile) _____ (work) _____

Email: _____ Other: _____

Owner occupies unit? Yes No (if 'No' please complete section B. If 'Yes' proceed to section C)

B. Unit Occupant (Tenant)

Name(s): _____ Move-in date: _____

Phone: (home) _____ (mobile) _____ (work) _____

Email: _____ Other: _____

C. Emergency Contact* (REQUIRED)

Name(s): _____ Relation: _____

Phone: (home) _____ (mobile) _____ (work) _____

Email: _____ Other: _____

ATTENTION → In the event of an emergency requiring unit-access, should we contact this person before the unit-owner? Yes No (if you select 'No,' we will contact the owner first)

D. Vehicle(s) on-site:

Year, Make & Model: _____ License # & State: _____

Year, Make & Model: _____ License # & State: _____

E. Acknowledgement:

By signing below you agree the information provided above is correct.

Signature of Owner(s): _____ Date: _____