

COROMANDEL PARK HOMEOWNERS ASSOCIATION

2008 ANNUAL RESIDENT REGISTRATION FORM

Owners are requested to complete and **return this form within THIRTY (30) days** of receipt and to update the form within **TEN (10) days** following a change of occupancy. Please understand that this information may be necessary in the event of an emergency involving your unit and, because the Association maintains a Blanket Fire Insurance Policy, it is also required in order to maintain a record of all persons entitled to be on the property. Additional forms may be obtained from Accord Management Company.

OWNER INFORMATION

MEMBER NUMBER: _____ DATE: _____

PROPERTY ADDRESS: _____

HOME PHONE NUMBER: _____ FAX: _____

OWNER MAILING ADDRESS: _____
(if different than property address)

1. OWNER NAME: _____ (work) _____

(email) _____ (cell) _____

2. OWNER NAME: _____ (work) _____

(email) _____ (cell) _____

Is this your primary residence? Yes No If No, please complete the Tenant Information Section.

TENANT INFORMATION

*Please provide **all** requested information for those who live at the property address. Attach additional sheets if necessary.

If unit is occupied by someone other than the owner(s), please list:

1. TENANT NAME: _____ (work) _____

(home) _____ (cell) _____

2. TENANT NAME: _____ (work) _____

(home) _____ (cell) _____

EMERGENCY CONTACT INFORMATION

Indicate the person to contact in the event of an emergency:

NAME: _____ RELATIONSHIP: _____

HOME: _____ WORK: _____ CELL: _____

Please list any other people who have access to your home (*e.g., rental agent, manager or other local party*):

NAME: _____ PHONE: _____

RESIDENT VEHICLE INFORMATION

*Please provide **all** requested information for vehicles of those who live at the property address. Attach additional sheets if necessary.

| | <u>Make</u> | <u>Model</u> | <u>Color</u> | <u>License No.</u> | <u>Registered Owner</u> |
|----|-------------|--------------|--------------|--------------------|-------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

OWNER SIGNATURE: _____ DATE: _____

Please complete all information on this form and return to:

Coromandel Park Homeowners Association
C/O Accord Condominium Management Company
P.O. Box 786, Poway, California 92074-0786