

# ELDORADO RIDGE HOMEOWNERS ASSOCIATION

## 2008 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 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:**

Eldorado Ridge HOA  
P.O. Box 786, Poway, California 92074-0786  
or FAX to 858-748-9417