

GALERIA-ENCINITAS HOMEOWNERS ASSOCIATION

2008 ANNUAL RESIDENT REGISTRATION FORM

Pursuant to the Resident Registration Policy adopted by the 1998 Board of Directors, owners are requested to complete and return a **"RESIDENT REGISTRATION FORM"**. This form is requested within thirty (30) days of receipt and should be updated following a change of occupancy. Please understand that this information may be necessary in the event of an emergency involving your unit and that it is also used as a record of all persons entitled to be on the property. This information can help both you and the Association in an emergency. The Association maintains this information in confidence. 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.	_____	_____	_____	_____	_____

PLEASE COMPLETE INFORMATION ON THE BACK...

PET INFORMATION

<u>Type</u>	<u>Weight</u>	<u>Name</u>
1. _____	_____	_____
2. _____	_____	_____

OWNER SIGNATURE: _____ **DATE:** _____

Please complete all information on this form and return to:

**Galeria-Encinitas Homeowners Association
C/O Accord Condominium Management Company
P.O. Box 786, Poway, California 92074-0786**