

# MISSION BAY VIEW COMMUNITY OWNERS ASSOCIATION

## 2008 ANNUAL RESIDENT REGISTRATION FORM

Please return this form within thirty (30) days of receipt and update immediately following a change of occupancy. Additional forms may be obtained from Accord Condominium Management Company. Please understand that this information may be necessary in the event of an emergency involving your unit and that it is also required in order to maintain a record of all persons entitled to be on the property.

### 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:**

Mission Bay View Community Owners Association  
C/O Accord Condominium Management Company  
P.O. Box 786, Poway, California 92074-0786