

SAN TROPICO HOMEOWNERS ASSOCIATION

2008 ANNUAL RESIDENT REGISTRATION FORM

Pursuant to the Resident Registration Policy adopted by the Board of Directors, owners are required to complete and return a "RESIDENT REGISTRATION FORM". **This form must be returned within thirty (30) days of receipt and updated within thirty (30) days following a change of occupancy.** Owners are subject to a \$25 per-month charge if the form is not returned within 30 days of receipt and a \$50 charge if a unit cannot be accessed for emergencies due to the owner not providing the required information. Additional forms may be obtained from Accord 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:

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