

# TIMBERLANE PROPERTY OWNERS ASSOCIATION

## 2008 ANNUAL RESIDENT REGISTRATION FORM

Owners are required to complete and return this form within THIRTY (30) days of receipt and to update the form immediately following a change of occupancy. Please understand that this information may be necessary in the event of an emergency involving your unit and that, because the Association maintains a Blanket Insurance Policy, it is also required in order to maintain a record of all persons entitled to be on the property. The Association maintains this information in confidence.

### 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...

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**PET INFORMATION**

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

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**OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please complete all information on this form and return to:*

**Timberlane Property Owners Association  
C/O Accord Condominium Management Company  
P.O. Box 786, Poway, California 92074-0786**