

THE VILLA COLINA HOMEOWNERS 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. A charge of \$100 will be assessed if a unit cannot be accessed due to the required information not being provided within the 30-day time frame. 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.

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:

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