

WINDJAMMER CONDOMINIUM ASSOCIATION

2008 ANNUAL RESIDENT REGISTRATION FORM

Owners are required to complete and return this form within **FIFTEEN (15) days** of receipt and to update the form within **TEN (10) days** following a change of occupancy. **Owners are subject to a penalty of \$25 per month for noncompliance.** Please understand that this information may be necessary in the event of an emergency involving your unit and, 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. 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.	_____	_____	_____	_____	_____

OWNER SIGNATURE: _____ DATE: _____

Please complete all information on this form and return to:

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