

SHADOW OAKS CONDOMINIUM ASSOCIATION

C/O: Anchor Community Management, Inc.

P. O. Box 3237 ↓ Camarillo, CA 93011-3237 ↓ (805) 388-3848 ↓ FAX: (805) 388-0856

Register online: anchorcommunitymgmt.com/shadowoaks.htm

OWNER OR TENANT REGISTRATION FORM

Date: _____ Shadow Oaks Address: _____ Oak Park, CA

Name(s) of Owner(s): _____

Mailing Address (if different): _____

If you live on-site, but receive mail off-site, please check here:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

AS OWNER, I WILL (Please check one): Live In The Unit Rent Out The Unit
 Use the Unit as a Second/Vacation Home (no renter)

Emergency Contact: Name: _____

Phone: _____

All Information From This Point Forward Pertains To The Person Who Will Occupy The Unit.

Name of Tenant(s) (if applicable): _____

Name & Ages of Children: _____

Pets: Dog(s) Breed(s) _____ Cat(s) # _____

Home Phone (tenant): _____ Work Phone (tenant): _____

Cell Phone: _____ Email: _____

Tenant newsletters are emailed, please include email address.

Vehicle(s):	<u>YEAR - MAKE - MODEL</u>	<u>COLOR</u>	<u>LICENSE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As homeowner, I have provided my tenants with copies of the CC&R's, and Rules and Regulations. I understand that according to the governing documents of the Association, I am responsible for the actions of my tenants as they relate to the Association.

Homeowner Signature: _____