

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

Owner Name: _____ Cell Phone: _____ Email: _____

Owner Name: _____ Cell Phone: _____ Email: _____

Owner Name: _____ Cell Phone: _____ Email: _____

Mailing Address (if different): _____

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

Home Phone: _____ Work Phone: _____

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.

Tenant Name: _____ Cell Phone: _____ Email: _____

Tenant Name: _____ Cell Phone: _____ Email: _____

Tenant Name: _____ Cell Phone: _____ Email: _____

Tenant newsletters are emailed, please include email address.

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

Name & Ages of Children: _____

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

Vehicle(s): YEAR - MAKE - MODEL COLOR LICENSE #

As homeowner, I have provided my tenants with copies of the Rules and Regulations, and 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: _____