

# 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: [anchorcommunitymgt.com/shadowoaks.htm](http://anchorcommunitymgt.com/shadowoaks.htm) • [info@anchorcommunitymgt.com](mailto:info@anchorcommunitymgt.com)

## HOMEOWNER / 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: \_\_\_\_\_

Rental Manager  Friend/Family  Other \_\_\_\_\_

### If rented/leased:

Renter Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Renter Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Renter Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Renter newsletters are emailed, please include email address.*

Home Phone (renter): \_\_\_\_\_ Work Phone (renter): \_\_\_\_\_

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

Name & Ages of Resident 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: \_\_\_\_\_