

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
anchorcommunitymgt.com/shadowoaks.htm • 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 Family Member Friend/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):	<u>YEAR - MAKE - MODEL</u>	<u>COLOR</u>	<u>LICENSE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____