199 E. Surfside Drive, Port Hueneme, Ca.

Phone 805-488-3304 Fax 805-986-4603

Email: Surfside1hoa@gmail.com

## **OWNER REGISTRATION**

Name:	Unit Number <u>:</u>	
Mailing Address:		
Street	City, State, Zip	
Email Address		
Home Phone:	Work Phone:	
Unit Phone:	Cell Phone:	
Emergency Contact		
Address:	Phone:	
Address: Street Name & cell phone number of ALL persons li		:
Do You Use Unit as a Second Home?	Yes No (Circle O	ne)
Do You Rent Out Your Unit?	Yes No (Circle O	ne)
Pets (MAXIMUM of TWO pets/PIT BULLS	AND ROTTWEILERS NOT PEI	RMITTED):
Breed:Name:	License# (required):	
Breed:Name:	License# (required	d):
Vehicle: Year/Make/Model	Color	License Plate State & Number
OWNER'S SIGNATURE:		DATE
OWNER'S SIGNATURE:		DATE
NEW DOOR KEY GIVEN TO OFFICE?	DATE OFFICE RECEIVED OFFICE USE ONLY	D:
Date ReceivedGate Card#	Remote #	Ped key #
Date Received Gate Card# Parking Space Comments:	e #Mailbox: Post #	