



199 E. Surfside Drive, Port Hueneme, Ca.

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

Email: Surfside1hoa@gmail.com

TENANT REGISTRATION

Name of Condo Owner _____ Unit Number: _____

TENANT INFORMATION BELOW:

Name of ALL Tenants who will be living in unit (and cell phone #) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Name: _____

Address: _____ Phone: _____

Street

City/State/Zip

Pets (MAXIMUM of two pets/PIT BULLS AND ROTTWEILERS NOT PERMITTED):

Breed: _____ Name: _____ Pet License# (copy required): _____

Breed: _____ Name: _____ Pet License#(copy required): _____

Vehicle: Year/Make/Model Color License Plate State/Number/Expiration Date

By signing below, I am confirming that I have received a current copy of the Surfside I Rules & Regs and agree to abide by them at all times **(INCLUDING NO SATELLITE DISHES ALLOWED ON BALCONIES)**:

TENANT SIGNATURE _____ DATE _____

TENANT SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

NEW DOOR KEY GIVEN TO OFFICE? DATE OFFICE RECEIVED: _____

OFFICE USE ONLY

Date Rec _____ Pedestrian Key # _____ Gate Card # _____

Remote # _____ Mailbox Post _____ Box _____ Parking space # _____ Parking stickers rec. _____

Comments: _____
