

VIÑA DEL MAR HOMEOWNERS ASSOCIATION

c/o Anchor Community Management, Inc.

P.O. Box 3237 • Camarillo, CA 93011-3237 • (805) 388-3848 • FAX: (805) 388-0856
anchorcommunitymgt.com/vinadelmar.htm • info@anchorcommunitymgt.com

OWNER OR TENANT REGISTRATION FORM

Date: _____

Viña Del Mar Address: _____ Camarillo, CA

Owner Name: _____ Cell Phone: _____ Email: _____

Owner Name: _____ Cell Phone: _____ Email: _____

Owner Name: _____ Cell Phone: _____ Email: _____

Please include emails, newsletters are emailed.

Mailing Address (if different): _____

If you live on-site, but get 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

Emergency Contact: Name: _____

Phone: _____

Tenant contact information (*if applicable*):

Tenant Name: _____ Cell Phone: _____ Email: _____

Tenant Name: _____ Cell Phone: _____ Email: _____

Tenant Name: _____ Cell Phone: _____ Email: _____

Please include emails, newsletters are emailed.

Information for vehicles to be parked onsite.

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. 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. A copy of the lease shall be provided with tenant registration, if applicable. *I further understand that as owner, I am responsible for updating this information as it changes with Anchor Community Management.*

Homeowner Signature: _____