



# REGISTRATION FORM



To better service your needs, please provide us with the following information and return to the HOA office.  
Your prompt attention is greatly appreciated.

## Contact Information

Please check the appropriate box & enter date/period:

Owner  Purchase Date: \_\_\_\_\_ Tenant  Lease Period: \_\_\_\_\_

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_  
Name & Number Name & Number  
\_\_\_\_\_

Email(s): \_\_\_\_\_  
\_\_\_\_\_

## Vehicle Information (Lot Owners Leave Blank)

Make & Model                      Year & Color                      License Plate & State

VEH #1: \_\_\_\_\_

VEH #2: \_\_\_\_\_

*If you have additional vehicles, please list them on the back.*

## Pet Information (Lot Owners Leave Blank)

Name                      Type (dog, cat, etc.)                      Breed                      Color                      Weight

Pet #1 \_\_\_\_\_

Pet #2 \_\_\_\_\_

*Pets are required to be licensed & inoculated. Pets must be on a leash at all times & owners must pickup after their pet! Only two adult animals are allowed per residence.*

## Emergency Information (optional)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's ONLY	
<input type="checkbox"/>	Check here if you would like your contact information added to our Owner's Directory.
<input type="checkbox"/>	Check here if you would like us to send your invoice via e-mail only.

*Please be advised: Completion and ongoing accuracy of this form is mandatory for all members (owners/tenants) to remain in good standing. Failure to return in a timely manner may result in a suspension of association privileges until it is received.*