

Date _____

ASSOCIATION OWNER/TENANT REGISTRATION FORM

OWNER INFORMATION

Owner Name/s _____

Unit Address _____

Billing Address _____

Home Phone _____ Work # _____

Cell # _____ Email Address _____

Emergency Contact
Name/Relationship _____ Phone _____

Complete this section if you, the owner, live in this unit:

Car/s:

Make/Model _____ Color _____ License # _____

Make/Model _____ Color _____ License # _____

TENANT INFORMATION

Name/s _____ Date _____

Home Phone _____ Work # _____

Cell # _____ Email Address _____

Tenant's Car/s:

Make/Model _____ Color _____ License # _____

Make/Model _____ Color _____ License # _____

Rental Agent (If Applicable)

Company Name _____

Contact _____ Phone _____

Address _____

Send to:

c/o Management 4 H.O.A.s
1100 Coddington Center Suite A, Santa Rosa, 95401
or by FAX to: (707) 546-4321