

SHADOW OAKS CONDOMINIUM ASSOCIATION

C/O: Anchor Community Management

P.O. Box 2310, Camarillo, CA 93011-2310, (805) 388-3848 ✉ FAX: (805) 388-0856

OWNER OR TENANT REGISTRATION FORM

Date: _____ Shadow Oaks Address: _____ Oak Park, CA

Name(s) of Owner(s): _____

Mailing Address (if different): _____

If you live on-site, but receive mail off-site, please check here:

Home Phone: _____ Work Phone: _____

Email: _____ *Add to the blast email list?*

AS OWNER, I WILL (*Please check one*) Live In The Unit Rent Out The Unit

Use the Unit as a Second/Vacation Home

All Information From This Point Forward Pertains To The Person Who Will Occupy The Unit.

Name of Tenant(s) (*if applicable*): _____

Name & Ages of Children: _____

Home Phone (tenant): _____ Work Phone (tenant): _____

Emergency Contact: Name: _____

Address: _____

Phone: _____

Vehicle(s):	<u>YEAR - MAKE - MODEL</u>	<u>COLOR</u>	<u>LICENSE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As homeowner, I have provided my tenants with copies of the CC&R's, By-Laws and 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.

Homeowner Signature: _____