



Surfside I Association

199 E. Surfside Dr. Port Hueneme, CA 93041
Phone 805-488-3304 Fax 805-986-4603

OWNER REGISTRATION

Name: _____ Unit Number: _____

Home Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Unit Phone: _____ Cell Phone: _____

Do you use unit as a primary resident? Yes No (Circle One)

Names of persons living in the unit: _____

Do You Use Unit as a Second Home? Yes No (Circle One)

Do You Rent Out Your Unit? Yes No (Circle One)

Emergency Contact: _____

Address: _____

Pets: Name & Breed(s): _____

License number(s): _____

Vehicle: Make/Model	Color	License Plate Number
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SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

Date Received _____ Gate Entry # _____ Decals _____

Copy of Rules & Regulations Received? _____ Mailbox: Post _____ Box _____

Comments: _____
