



199 E. Surfside Drive, Port Hueneme, Ca.

Phone 805-488-3304 Fax 805-986-4603

Email: Surfside1@la.twcbc.com

**TENANT REGISTRATION**

Name of Unit Owner \_\_\_\_\_ Unit Number: \_\_\_\_\_

Name & cell phone # of Tenants (list ALL who will be in unit): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/State/Zip

Pets (Maximum of TWO):

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ License#: \_\_\_\_\_

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ License#: \_\_\_\_\_

Vehicle: Year/Make/Model Color License Plate Number:

By signing below, I am confirming that I have received a current copy of the Surfside I Rules & Regs and agree to abide by them at all times:

TENANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TENANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVAL FOR NAME TO BE LISTED IN NEWSLETTER BY WELCOMING COMMITTEE: Y\_\_ N\_\_**

**OFFICE USE ONLY**

Date Rec \_\_\_\_\_ Pool Card # \_\_\_\_\_ Pedestrian Key # \_\_\_\_\_ Gate Entry # \_\_\_\_\_

Remote # \_\_\_\_\_ Mailbox Post \_\_\_\_\_ Box \_\_\_\_\_ NTF Billed \_\_\_\_\_

Comments: \_\_\_\_\_