



Surfside I Association

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

TENANT REGISTRATION

Name of Unit Owner _____ Unit Number: _____

Name of Tenants: _____

Name of Tenants: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact _____

Address: _____ Phone _____

Pets? Breed: _____ Name: _____ License #: _____

Breed: _____ Name: _____ License #: _____

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

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date Received _____ Copy of Rules & Regs. Received _____

Pool Card Key # _____ Security Key # _____

Gate Entry # _____ Parking Decal _____ Mailbox _____

Comments: _____

