

Brooktree Square Homeowners Association

Property Address	Member Number										
Resident Emergency Registration Form											
Please choose a reason for update: ☐ New Owner ☐ New Tenant (Move In/Out fee Included) ☐ Address Change ☐ Vehicle Change ☐ Annual Update-No Changes Please specify resident status: ☐ Owner Occupied ☐ Tenant related to Homeowner Relationship: _____ ☐ Tenant Occupied ☐ Unoccupied											
Please choose one address for all correspondence, including account statements, Association notices and monthly newsletters. Tenants must be provided copies of Newsletters and notices by the Homeowner or Agent.											
Homeowner (Must match name on Grant Deed)											
Name	Email										
Mailing Address											
Phone	Cell	Work									
☐ Tenant											
Name	Lease begins	Lease ends									
Email											
Phone	Cell	Work									
☐ Property Management Company											
Company		Agent									
Address											
Phone	Cell	Email									
Tenants have received and reviewed copies of the following: ☐ Bylaws ☐ CC&R's ☐ Rules Handbook ☐ Parking Rules <i>Please attach a copy of the lease agreement and criminal background check for all tenants.</i> ☐ Move In/Out Fee \$200 payable to: Brooktree Square HOA (Required for any change of occupancy)											
Vehicle Please complete for ALL vehicles in your household including motorcycles. <i>Any vehicle without current insurance or registration is subject to tow at the owner's expense.</i>											
Make	Model	License Plate	Owner								
Resident In the event of an emergency, it is important that we have accurate information regarding the residents of the community. Please complete for all residents, including children, and pets living in the unit.											
Name	Relationship	Phone number									
Pets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">☐ Dog ☐ Cat</td> <td style="width: 40%;">Breed</td> <td style="width: 15%;">Weight</td> <td style="width: 35%;">Name</td> </tr> <tr> <td>☐ Dog ☐ Cat</td> <td>Breed</td> <td>Weight</td> <td>Name</td> </tr> </table>				☐ Dog ☐ Cat	Breed	Weight	Name	☐ Dog ☐ Cat	Breed	Weight	Name
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☐ Dog ☐ Cat	Breed	Weight	Name								
Date Completed		Homeowner Signature									

Please return to: Management Solutions, 6200 Buena Vista Dr., Newark CA 94560
(510) 659-8969 (510) 656-4495 fax managementsolutionshoa@gmail.com