

Reflections Homeowners Association

Property Address	Member Number		
Resident Emergency Registration Form			
Please choose a reason for update: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> New Owner <input type="checkbox"/> New Tenant (Move In/Out fee Included) <input type="checkbox"/> Address Change <input type="checkbox"/> Vehicle Change <input type="checkbox"/> Annual Update-No Changes </div> <div style="width: 48%;"> Please specify resident status: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant related to Homeowner Relationship: _____ <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Unoccupied </div> </div>			
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	
<input type="checkbox"/> Tenant			
Name	Lease begins	Lease ends	
Email			
Phone	Cell	Work	
<input type="checkbox"/> Property Management Company			
Company		Agent	
Address			
Phone	Cell	Email	
Tenants have received and reviewed copies of the following: <input type="checkbox"/> Bylaws <input type="checkbox"/> CC&R's <input type="checkbox"/> Rules Handbook <input type="checkbox"/> Parking Rules <i>Please attach a copy of the lease agreement and criminal background check for all tenants.</i> <input type="checkbox"/> Move In/Out Fee of \$200 payable to: Reflections 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			
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Weight	Name
<input type="checkbox"/> Dog <input type="checkbox"/> 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