Shadow Wood Homeowners Association

| Prope | rty Addres | S | | | | Member Number | | | | | |
|--|--|-----------------|----------------|-----------|--|---------------------------------|---------------|-------|-------------|--|--|
| Resident Emergency Registration Form | | | | | | | | | | | |
| Please choose a reason for update: | | | | | | Please specify resident status: | | | | | |
| ☐ New Owner | | | · | | | ☐ Owner Occupied | | | | | |
| □ New Tenant (Move In/Out fee Incl | | | t fee Included |) | | ☐ Tenant related to Homeowner | | | | | |
| □ Address Change | | | | | | Relationship: | | | | | |
| □ Vehicle Change | | | | | | Tenant Occupied | | | | | |
| ☐ Annual Update-No Changes | | | | | □ 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 A | ddress | | | | | | | | | |
| | Phone | hone | | | Cell | lle | | | Work | | |
| | Tenant | | | | | | | | | | |
| | Name | Name | | | | Lease b | egins | | Lease ends | | |
| | Email | | | | | | | | | | |
| I_{\neg} | Phone | ne | | | Cell | Work | | | | | |
| | Proper | ty Mana | agemen | t Company | | | | | | | |
| | Company | | <u> </u> | | Agent | | | | | | |
| | Address | | | | | | | | | | |
| | Phone | | | | Cell | | | Email | | | |
| | Tenants have received and reviewed copies of the following: | | | | | | | | | | |
| | | | | | · | | | | | | |
| | Please attach a copy of the lease agreement and criminal background check for all tenants. | | | | | | | | | | |
| ☐ Move In/Out Fee of \$400 payable to: Shadow Wood HOA (Required for any change of occupancy) | | | | | | | | | | | |
| Please complete for ALL vehicles in your household including metercycles | | | | | | | | | | | |
| Vehi | cle | | - | | ance or registration is subject to tow at the owner's expense. | | | | e. | | |
| 1 | | lake | | | Model | | License Plate | | Owner | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| In the event of an emergency, it is important that we have accurate information regarding the residents of the community. | | | | | | | | | | | |
| Resident Please complete for all residents, including children, and pets living in the unit. | | | | | | | | | | | |
| | | Nar | me | | Relationship | p | | PI | none number | | |
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| | | | | | | | | | | | |
| | | | | | • | Weight | | | | | |
| Pets | □Dog □Cat Breed | | | | | | | Name | | | |
| 1 613 | | □Dog □Cat Breed | | Breed | | Weight | | Name | | | |
| - · | | 1 | | | Homoour as Ciara at | | | | | | |
| Date Competed Homeowner Signature | | | | | | | | | | | |

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