

# ***WESTPORT TOWNHOMES HOMEOWNER/TENANT INFORMATION FORM***

THIS FORM IS TO BE FILLED OUT BY THE PROPERTY OWNER AND SIGNED BY BOTH THE  
PROPERTY OWNER AND TENANT (IF APPLICABLE).

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

[illegible][illegible]

Owner's Mailing Address (if different): \_\_\_\_\_

Owner's Home Phone: \_\_\_\_\_ Owner's Work Phone: \_\_\_\_\_

Owner's Cell Phone: \_\_\_\_\_

Tenant Name (If Applicable): \_\_\_\_\_

Tenant's Home Phone: \_\_\_\_\_ Tenant's Work Phone: \_\_\_\_\_

Tenant's Cell Phone: \_\_\_\_\_

[illegible]**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have pets? \_\_\_\_\_

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Name: \_\_\_\_\_

Type:\_\_\_\_\_Breed:\_\_\_\_\_Color:\_\_\_\_\_Name:\_\_\_\_\_

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Name: \_\_\_\_\_

Name of Owner/Tenant who reside in home:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Lordon Management 300 E. Esplanade Dr., Ste. 500 | Oxnard, CA 93036  
Phone : 805-751-4142 ext. 5006 | Email : [clientcare5006@mylordon.com](mailto:clientcare5006@mylordon.com)

# ***WESTPORT TOWNHOMES***

## ***HOMEOWNER/TENANT INFORMATION FORM***

Vehicles of Owner/Tenants who reside in the home:

Owner: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Owner: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Owner: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Tenant: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Tenant: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

**VENDOR OR PERMANENT GUEST LIST (Landscaper/Housekeeping/ETC – identification of name/contact/vehicle for security):**

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Does Owner/Tenant have a copy of the Rules and Regulations: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Owner/Tenant have a copy of the CC&R's: \_\_\_\_\_ Yes \_\_\_\_\_ No Expiration: Date of Lease (if any) \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Tenant

Please Mail completed form to:

ATTN: Westport Townhome Owners Association  
300 E. Esplanade Dr, Ste. 500  
Oxnard, CA 93036

Or E-mail completed form to:

[clientcare5006@mylondon.com](mailto:clientcare5006@mylondon.com)

Maintaining current files is important for a community of this size. If you have any questions, please contact Joy at (805)751-4142 Ext. 5006.

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