

# Bridgehaven HOA



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## NEWSLETTER 2018



The next meeting Board meeting is scheduled to be held on January 14, 2019 at 6:00 PM.



1. Make sure you lock your vehicles at all times and not leave anything in the car visible.
2. If you are leaving your home for an extended period of time, notify your neighbors, so added attention can be placed in your home.
3. When you plan to leave for any length of time, arrange to have your Newspaper pick up by a neighbor or stopped. Timers to activate lights should be set in your home and garbage cans should be taken in.
4. Keep an eye on your neighbor's homes and report any suspicious activities to your local police department, Write down the description down so you don't forget nothing you see. **DO NOT DELAY REPORTING.** A few minutes delay is enough time to reduce the chances of every catching the criminal.



## TIME TO PERPARE FOR THE RAINS



There are some homes that have concrete swales and drain intakes that traverse to private yards. Please clear storm drains and any v-ditches in your private yard in order to prevent possible water damage in your private or neighboring yard.

If you need sandbags in your area, please contact [www.toaks.org](http://www.toaks.org). For additional preparedness resources, visit [www.readyventuracounty.org](http://www.readyventuracounty.org).



## PARKING

CC&R's say: "Residents who own/use more vehicles than can be accommodated in their garage and/or driveway must find other permanent accomodations for those vehicles outside of Bridgehaven". and, "Vehicles cannot be stored on the streets". Just a reminder that cars should be parked in driveways or garages should be sufficient.



### ASSOCIATION WEBSITE

To access the website please follow the directions below:

Go to [www.spectrumprops.com](http://www.spectrumprops.com)

Click on 'Association Websites' on the left side menu

User name: bridgehaven

Password: vistaoaks



### RESIDENT FORM

Enclosed you will find a resident registration form. Please fill out the resident registration form and mail it back to Spectrum Property Services. The form must be completely filled out and returned by December 17, 2018. All homeowners and tenants must be registered with the management company for emergency contact and safety purposes.



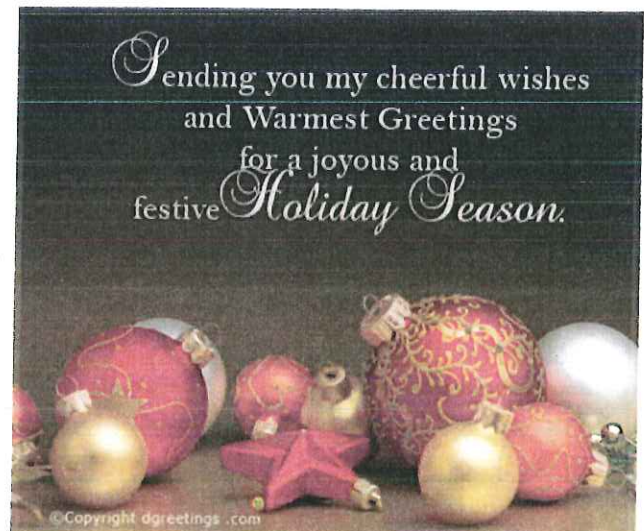
Please mail all correspondence to:  
Spectrum Property Services;  
Association Manager: Lupe Aguilera  
[Lupe@Spectrumprops.com](mailto:Lupe@Spectrumprops.com)  
(805)642-6160 Ext. #112

P.O. Box 5286, Ventura, CA 93005  
1259 Callens Road, Suite A, Ventura, CA 93003  
Fax - 805-642-3944

Office Hours: Monday – Thursday:  
9AM to 5PM,  
Friday: 9AM to 2PM,

Any accounting questions please contact Maria Melero at (805) 642-6160 Ext. #100

After Hours  
Emergency Line: (805)535-5222



**Spectrum Property Services will be closed Monday, December 24, 2018 to January 1, 2019.**



# BRIDGEHAVEN HOMEOWNERS ASSOCIATION

## CONFIDENTIAL RESIDENT INFORMATION FORM

Spectrum Property Services, P.O. BOX 5286, Ventura, CA 93005  
805-642-6160 / Fax 805-642-3944 / email: [Lupe@Spectrumprops.com](mailto:Lupe@Spectrumprops.com)

**Per Association Rules, this form must be completed and returned by December 17, 2018.**

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

Owner(s) of Title: \_\_\_\_\_

Owner(s) of Title: \_\_\_\_\_

*Please provide information as written on your grant deed*

Mailing Address : \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

*All mail will be sent to the most current mailing address of record, changes to the mailing address must be done in writing.*

Owner Home Phone: \_\_\_\_\_ *Phone number to residence if available*

Owner 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Owner 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I will be using this home as: ☐ my main residence ☐ as a second home ☐ as a rental property

### PLEASE COMPLETE THE FOLLOWING IF YOU HAVE TENANTS:

**Lease effective as of:** \_\_\_\_\_ **A copy of the lease must be submitted with this form**

Tenant Home Phone: \_\_\_\_\_ *Phone number to residence if available*

Tenant 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tenant 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Rental Management Co: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Management Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

Rental Manager: \_\_\_\_\_ Email: \_\_\_\_\_

### List all residents over 18 years of age who are not listed above and will reside at this address

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

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

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

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

### List all residents under 18 years of age and their year of birth who will reside at this address

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Please complete both pages of this document



Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**List information regarding all animals residing at this address**

Name: \_\_\_\_\_ Breed/description \_\_\_\_\_  
Name: \_\_\_\_\_ Breed/description \_\_\_\_\_

**Please list all vehicles belonging to residents at this address (use separate paper if more than 4)**

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

**Please provide an emergency contact person for the property owner**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

**If the property address is occupied by anyone other than the owners of record, the residents must sign this form acknowledging they have received, read and understand the Rules and Regulations of the Association.** The residents also understand that they are responsible for assuring that all family members, guests, invitees or contractors are aware of and abide by the Association's governing documents and Rules and Regulations.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We acknowledge that the information above is true and correct to the best of my/our knowledge.

As the owner of the property address it is also understood that I/we are responsible for any violation of the Association's governing documents and for assuring that all residents, family members, tenants, guests, invitees or contractors are aware of and abide by the Association's governing documents and Rules and Regulations.

I/We understand that we are responsible for updating this information should there be any changes in occupancy or information as stated on this form.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form to: Bridgehaven Homeowners Association  
c/o Spectrum Property Services  
PO Box 5286, Ventura, CA 93005

Or by email: [Lupe@Spectrumprops.com](mailto:Lupe@Spectrumprops.com) or Fax: 805-642-3944

Any questions regarding this form, please contact Spectrum Property Services at 805-642-6160