

PROPERTY ADDRESS: _____

Home Phone of Homeowner(s): _____ Business Phone: _____

Name(s) of Renter(s): _____

Home Phone of Renter(s): _____ Business Phone: _____

Children (Names and Ages): _____

Make: _____ Model: _____ Color: _____ License: _____

Make: _____ Model: _____ Color: _____ License: _____

Animal: _____ Breed: _____ Color: _____ License: _____

Animal: _____ Breed: _____ Color: _____ License: _____

Note: Copies are available through Adrian Rivas at Spectrum Property Services 805-642-6160.

 Renter Signature Date

 Renter Signature Date

Mail completed form to:

Spectrum Property Services
P.O. Box 5286
Ventura, CA 93005