

**RIVERVIEW VENTURA HOA
RESIDENT REGISTRATION FORM**

HOMEOWNER(S) OF TITLE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT #1: _____ RELATIONSHIP: _____

PHONE: _____ CELL: _____

TENANT INFORMATION

(List additional residents on back side of this form)

TENANT: _____ PHONE #: _____ CELL: _____

Note:

If unit is a rental, the owner must provide a copy of the lease agreement to the Association within 30 days from rent-up. In addition, tenants must read and sign the following:

I have received, read and understand the rules and regulations of the Riverview Ventura HOA.

Signature (tenant) _____ Date: _____

LIST NAME & CELL PHONE FOR OTHER RESIDENTS OVER 18

NAME: _____ CELL #: _____

NAME: _____ CELL #: _____

NAME: _____ CELL #: _____

NAME: _____ CELL #: _____

LIST NAME & AGES OF ALL RESIDENTS UNDER 18 YEARS OLD

NAME: _____ AGE: _____

NAME: _____ AGE: _____

LIST ALL PETS TO BE RESIDING AT ADDRESS

ANIMAL	BREED	COLOR
_____	_____	_____
_____	_____	_____

POOL KEY INFORMATION

PLEASE LIST YOUR POOL CARD # _____

OVER

VEHICLE INFORMATION
LIST OF VEHICLES TO BE LOCATED ON PROPERTY

MAKE/MODEL_____LICENSE:_____

MAKE/MODEL_____LICENSE:_____

MAKE/MODEL_____LICENSE_____

MAKE/MODEL_____LICENSE_____

* Please also note color of each vehicle.

Please return this form to Spectrum Property Services, PO Box 5286, Ventura, CA. 93005