

**RESIDENT INFORMATION FORM  
WOODBIDGE PARK ASSOCIATION**

PROPERTY ADDRESS: \_\_\_\_\_

POOL ACCESS CARD NUMBER: \_\_\_\_\_

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

Email: \_\_\_\_\_

Owner's Home #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Name of Rental Agent: \_\_\_\_\_

Name of Tenant (s): \_\_\_\_\_

Tenant Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Total Number of Occupants: \_\_\_\_\_ Total Occupants under 18 years of age: \_\_\_\_\_

Vehicles:

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

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

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

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

Pets:

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

***Homeowners are responsible to provide Rules and Regulations to their tenants.***

**IN CASE OF EMERGENCY PLEASE NOTIFY/CONTACT**

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

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

SIGNATURE (OWNER): \_\_\_\_\_ DATE: \_\_\_\_\_

**Mail completed form to: Spectrum Property Services, P.O. Box 5286, Ventura, CA 93005 or FAX: (805) 642-3944**