HOMEOWNER INFORMATION FORM QUAILRIDGE II HOMEOWNERS ASSOCIATION

PROPERTY ADDR					
		Business Phone:			
Mailing Address: _					
Name(s) of Renter	(s):				
Mailing Address of	Renter(s):				
Home Phone of Renter(s):			Business Phone:		
Total Number of Occupants:			Total Occupants	under 18 years of age	:
Children (Names a	nd Ages):				
Vehicles:					
Make:	Model:		Color:	License:	
Make:	Model:		Color:	License:	
Make:	Model:		Color:	License:	
Pets:					
Animal: B	reed:		Color:	License:	
Animal: B	reed:		Color:	License:	
Do you have a cop	y of the current	Rules and	Regulations?	Yes	No
Note: Copies are a	vailable through	ı Adrian Ri	vas at Spectrum	Property Services 805	5-642-6160.
omeowner Signature Date		Renter Signature		Date	
Homeowner Signat	ure	Date	Renter Signa	ture	Date
Mail completed for	m to: Si	ooctrum Di	ronarty Sarvicas		

Spectrum Property Services P.O. Box 5286

Ventura, CA 93005