

**HOMEOWNER INFORMATION FORM
ARBOR HILLS HOMEOWNERS ASSOCIATION**

PROPERTY ADDRESS: _____

Homeowner(s) Name(s): _____

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

Email address: _____

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 and Ages): _____

Vehicles:

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

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

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

Pets:

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

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

Do you have a copy of the current Rules and Regulations? _____ Yes _____ No

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

Homeowner Signature Date

Renter Signature Date

Homeowner Signature Date

Renter Signature Date

Mail completed form to:

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