

SDHOA HOA REGISTRATION FORM

This form should be completed within 10 days **of making any changes** to your contact or title/ownership information and/or tenancy. As necessary, please complete this form and return to: SDHOA, Inc. 4025 Camino Del Rio S #301 San Diego CA 92108 / FAX#858-227-4221 / forms@sdhoa.com.
If you downloaded this form, you must save this form to your desktop prior to utilizing it.

NAME OF HOA: _____

UNIT ADDRESS: _____

NAME OF OWNER(S): _____

OWNER(S) MAILING ADDRESS:

_____ (if different than above)

CELL PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

CHECK HERE TO OPT-IN to KEEP IT GREEN: I authorize SDHOA send HOA notices via email

PLEASE CHECK ALL APPLICABLE, YOUR UNIT IS:

- OWNER-OCCUPIED LEASED/RENTED IN WHOLE ROOMMATE
- 2nd HOME THAT IS NOT LEASED OCCUPIED BY A NON-OWNER RELATIVE

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

NAMES OF OTHER OCCUPANTS:

_____ PHONE: _____ EMAIL: _____

_____ PHONE: _____ EMAIL: _____

_____ PHONE: _____ EMAIL: _____

If the unit is rented, please provide your tenant's contact information for use by the Association ONLY in the event of an emergency.

VEHICLE(S): (1) _____ LICENSE PLATE #: _____

(2) _____ LICENSE PLATE #: _____

PETS: (1) _____ WEIGHT: _____

(2) _____ WEIGHT: _____

I, the above named occupant, have recieved a copy of the Rules and Regualtions for complex. I agree to comply with all Rules and Regulations of this complex.

Signed: _____ Dated: _____