



SDHOA REGISTRATION FORM

RETURN FORM TO SDHOA: sdhoa@sdhoa.com

3550 Camino Del Rio N. STE 212 San Diego, CA 92108

Complete this form within **10 days of making any changes** to your contact information or title/ownership and/or tenancy.

NAME OF HOA: _____

UNIT ADDRESS: _____

NAME OF OWNER(S): _____

OWNER(S) MAILING ADDRESS: _____

(if different from above address)

CELL PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL ADDRESS(S): _____

****IMPORTANT** CHECK BELOW INFORMATION TO:**

- *OPT-IN*** for email communication from SDHOA regarding all association business, communication, agendas & statements. ***SDHOA DOES NOT MAIL PAPER STATEMENTS***
- *OPT-OUT*** of sharing your contact information on the homeowner roster (available to all residents of association pursuant to Civ. Code §5200, §5205, & §5220)

PLEASE CHECK ALL APPLICABLE, IF YOUR UNIT IS:

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

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

PROPERTY MANAGER (third party management company):

NAME: _____ EMAIL: _____ PHONE#: _____

If rented, please provide a copy of your lease, your tenant's contact information and Property Manager contact information for use by the Association only in the event of emergency.

OTHER OCCUPANT INFORMATION:

NAME: _____ PHONE: _____ EMAIL: _____

NAME: _____ PHONE: _____ EMAIL: _____

NAME: _____ PHONE: _____ EMAIL: _____

VEHICLE(S): 1. MAKE/MODEL _____ PLATE #: _____

2. MAKE/MODEL _____ PLATE #: _____

PETS: 1. BREED/TYPE _____ WEIGHT: _____

2. BREED/TYPE _____ WEIGHT: _____

I, the above-named homeowner, certify that all the above information is true to the best of my knowledge. I certify, have received a copy of the Rules and Regulations for the above-named complex. I agree to comply with all Rules and Regulations of this complex.

Signed: _____

Dated: _____