PLAYMOR TERRACE WEST ASSOCIATION

OWNER INFORMATION FORM

| | | AN | | IIT ANNUALLY BY SEPT ANCY MUST BE REPOR | | NT | |
|--|--------------|-------------|--------------------------|--|-------------------------|-----------|-------|
| | | | | Owner Information | | | |
| Property A | ddress: | | | | | | |
| Homeowner Name(s): | | | | | | | |
| Homeowne | er Telephon | e Number: | | | | | |
| Home: Work: | | | Work: | | Mobile: | | |
| Homeowner Email Address: | | | | | | | |
| Emergency Contact | | | | | | | |
| Should there be an emergency at the unit and/or property and you are unable to be reached, please complete this section with the name & phone number of whom we may contact. | | | | | | | |
| Name: Phone Number: | | | | | | | |
| Off-Site Owner Information | | | | | | | |
| | | | | | | | |
| If your mailing address is different from the address above, please complete this section: Off-Site Mailing Address: | | | | | | | |
| City: State: Zip: | | | | | | | |
| Tenant Information | | | | | | | |
| If you have tenants residing in your unit, please complete the following section: | | | | | | | |
| | Tenant Names | | | Tenant Phone Numbers | | | |
| | | | | Home | Work | Mobile | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| 3 | | | | | | | |
| | 4 | | | | | | |
| | • | | | Vehicle Information | | | |
| | | Pleas | | with you and/or your te | nant's vehicle inform | | |
| Vehicle Type | | Year | Make/Model | | Color | License # | State |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |
| | | | + | | | | |
| Pet Information | | | | | | | |
| | | Please co | mplete this section with | n information on the pets | s residing at the unit. | | |
| Type of Pet | | Breed Color | | Weight | License # | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | 1 | 1 | 1 | |

I, the undersigned owner of the above unit address, hereby declare that only the occupants listed reside at these premises, that all information provided is correct and I agree to submit an updated form if resident status, contact information, pet or vehicle information changes.

Signature:

Date:

*FAILURE TO COMPLETE THIS FORM AS DIRECTED WILL RESULT IN THE IMPOSITION OF A FINE OF \$100.00 FOR THE FIRST MONTH AND FINES WILL INCREASE EACH ADDITIONAL MONTH ACCORDING TO THE FINE SCHEDULE OUTLINED IN THE RULES AND REGULATIONS

Please complete and mail to:

Playmor Terrace West Association c/o A. McKibbin & Co. 7529 Draper Ave., Suite D La Jolla, CA 92037 Fax to: 858-551-1886 Email to: sean@amckibbin.com