

RENTAL_RESELL HOME OWNER REGISTRATION FORM

Be sure to indicate if this Unit is for Rent or Resell. **This form lists only names that are ON THE DEED for the Unit** (other Residents of your Unit will be registered on a later form). It is mandatory that you provide a contact phone number and email address!

Indicate only if you do NOT want to receive Emergency SMS alerts or Eblasts. SMS will only be used in case of a **real emergency** (such as a natural disaster in our area) or **major** building disruptions. Eblasts are generally done monthly and include important building notifications such as maintenance, events and Board activity.

Please provide your primary address in case it is necessary to forward any correspondence to you directly.

If you intend on using your parking stall at any time, it is required that you register your vehicle. You may do so at the bottom of the form. Please indicate the parking stall numbers that are associated to your Unit on your purchase agreement. The sticker # refers to the decal which is issued by Management.

This form **MUST BE SIGNED BY A HOME OWNER (ON THE DEED)**.

REAL ESTATE AGENT FORM

Indicate the entity in which you authorize to be the managing Agent for your unit. Attach a copy of Agent's business card. In the first section of the form, provide the name and contact information for the Agent managing your Unit. It is important that Agent provides a contact phone number and email address!

The middle section of this form MUST BE COMPLETED & SIGNED BY A HOME OWNER (ON THE DEED). Include any comments or specifics in the space provided.

The last section of this form MUST BE SIGNED BY THE AGENT.

This form will be effective until Management is informed in writing of any changes.

AUTHORIZED GUEST REGISTRATION FORM

On this form you will register any preapproved, recurring visitors that you would like to be authorized to enter the building under your responsibility. In the permissions granted section, you may specify if you would like for these guests to be authorized to schedule deliveries or moves on your behalf.

This form will be effective until **Front Desk** is informed in writing of any changes.

SECURITY PASSWORD FORM

Your Security Password may be used for authorization over the phone when calling the Front Desk for things such as approving guests, scheduling a delivery, etc. It may be a word, phrase, or number. Be sure you remember this password!

This form **MUST BE SIGNED BY A HOME OWNER (ON THE DEED) or A RENTER (ON THE LEASE).**

VEHICLE REGISTRATION FORM

All vehicles **MUST** be registered and sticker decals be displayed to avoid the risk of being towed. In the top box of the form, provide the parking stall number(s) of the stalls associated to the Unit by the purchase agreement. (If you are **renting** a parking stall, please complete **Parking Stall Rental Form**.) The license plate number is **REQUIRED**. The sticker number will be issued by Management.

MAIL ACCEPTANCE FORM

On this form list the names of all Residents of your Unit for which The Association is authorized to accept mail. Provide the primary contact for mail, in which The Association will use as the first point of contact upon receipt of mail. It is very mandatory that you include a phone number and email address.

If a Resident is not listed on this form, the Association WILL NOT BE ABLE TO ACCEPT MAIL addressed to them.

This form **MUST BE SIGNED BY A HOME OWNER (ON THE DEED).**

NATIVE LANGUAGE FORM

Although it is not always possible to provide translations, completing this form is important to help with future correspondence.

OPTIONAL FORMS

PARKING AVAILABLE FOR RENT

This form is to be completed if you have a parking space that you would like to rent out to another Resident. List the parking stall number that you have available to rent, the monthly cost, and the name of the person to be contacted and their phone number. This information will be given to any Residents who inquire about parking for rent.

MEDICAL AWARENESS FORM

This form is strictly VOLUNTARY. Complete this form only if you would like to inform Management of a medical condition. Complete only the information you wish to share.

SUREPAY FORM

This form will set up automatic payments from your bank account for maintenance fees.