

**EL DORADO LAKES CONDOMINIUM ASSOCIATION
OCCUPANCY REGISTRATION FORM
(PLEASE PRINT OR TYPE)**

The Rules and Regulations for El Dorado Lakes Condominium Association require owners to inform the Association of any changes in occupancy of all units. This information is essential in the event of an emergency, but also to identify residents of the property versus guest or trespassers. This information is confidential and will be used only for official Association purposes. Thank you for your cooperation.

Unit #

Last Name of Owner/Agent on Record

First Name

Phone # of Owner

E-mail Address of Owner

In case of emergency who should we contact?

Name

Phone # (s)

Unit is Occupied by: **Owner** **Tenant**

If Tenant Occupied:

Tenant Home Phone #

Tenant Cell/Business Phone #

Name of Occupants:

_____ / _____

_____ / _____

Phone # (cell phone preferred) to be used for Entrance Gate Phone Board:

Area Code

Phone#

Cell phones can be used to open entrance gate from remote locations to allow guests, contractors and delivery access.

Homeowner Insurance:

Insurance Co. Name

Policy #

Expiration Date

Please be advised that all devises are nontransferable between owners.

Vehicle Registration:

MAKE	MODEL	LICENSE #	COLOR	

Please List Carport(s) and or Garage #'s Deeded to the Unit:

SPACE #	TYPE (Open, Covered or Garage)	SPACE #	TYPE (Open, Covered or Garage)

For Owners with Garage Doors Only:

Do you have a water shut off in your garage? Yes: _____

Cold: _____ Hot: _____

Please read the following carefully. By signing below, I acknowledge the following:

As owner/agent, I am responsible for compliance with the Governing Documents (CC&R's, By-Laws and Rules of the Association (R&R's) by all occupants and guests of my unit. (Article XI, Sections CC&R's) It is my responsibility to notify the management company of any change in occupancy and to submit a new, completed "Occupancy Registration Form" upon such change, or on a yearly basis. It is my responsibility to supply my Tenants with copies of the current CC&R's and Rules and Regulations of the Association. I acknowledge the replacement fees for lost or stolen items to be \$25.00 (FOB) \$35.00 (gate transponder). ALL requests for access devices must be made by the owner of the unit and/or parking space.

_____/_____
Signature of Owner/Agent Date

Please return this form to: Cardinal Property Management, Inc., 825 N. Park Center Dr., Ste. 101, Santa Ana, CA 92705, email: contactus@cardinal-online.com, Fax: 714/779-3400.

Management Use Only:

Jenark Updated: Date: _____ By: _____ Gate Software Updated: Date: _____ By: _____
Phone Board Updated: Date: _____ By: _____