

HOA Premier Management

10250 Constellation Blvd Ste 100 · Century City CA 90067
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EL DORADO LAKES CONDOMINIUM ASSOCIATION OCCUPANCY FORM

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, and also to identify residents of the property versus guests or trespassers. This information is confidential and will be used only for official Association purposes. Thank you for your cooperation.

UNIT # _____ Unit is Occupied by: Owner Tenant Other Occupant

OWNER INFORMATION

_____/_____
Last Name of Owner #1 on Deed First Name of Owner #1

Owner Address if not at El Dorado Lakes

_____/_____
Phone Number(s) of Owner #1 E-mail of Owner #1

_____/_____
Last Name of Owner #2 on Deed First Name of Owner #2

_____/_____
Phone Number(s) of Owner #2 E-mail of Owner #2

EMERGENCY CONTACT NAME _____

_____/_____
Phone Number(s) Email

TENANT/OCCUPANT INFORMATION – OTHER THAN OWNER

Name of Tenant/Occupant #1

_____/_____/_____
Cell Phone Home/Business Phone Email

Name of Tenant/Occupant #2 :

_____/_____/_____
Cell Phone Home/Business Phone Email

(If unit is rented) MANAGEMENT COMPANY/AGENT FOR UNIT _____

_____/_____/_____
Phone # Email

HOMEOWNER INSURANCE COMPANY: _____

_____/_____
Policy # Expiration Date

Phone # (cell phone preferred) for Entrance Gate: _____

FOB # _____ REMOTE # _____

VEHICLE INFORMATION			
Make/Model	Year	License #	Color

PARKING INFORMATION	
Space Number Deeded to the Unit	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, including but not limited to CC&R's, By-Laws, and Rules and Regulations of the Association, by all occupants and guests of my unit (CC&Rs, Article XI). It is my responsibility to notify the management company of any change in occupancy and to submit a new, completed Occupancy 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 for a fob; \$50.00 for a gate remote. ALL requests for access devices must be made by the owner of the unit and/or parking space.

_____/_____
Owner Signature Date

Please return this form to: eldoradolakes@hoapremier.com; or mail to HOA Premier, 10250 Constellation Blvd., Suite 100, Century City, CA 90067; or fax: 714/707-5316.