

FRIARS VILLAGE HOMEOWNERS ASSOCIATION, INC.



HOMEOWNER/RESIDENT INFORMATION FORM

Address: _____ Lot # _____

Occupants: (circle one) Homeowner(s) Tenant(s)

Full Name: _____ Home Phone # _____
Email: _____ Work Phone # _____
Full Name: _____ Home Phone # _____
Email: _____ Work Phone # _____
Additional Occupants: (if under 18 please note age)

In Case of Emergency – Please Notify: (please list in order of choice)

Name _____ Relationship _____
Address _____ Phone Number(s) _____
Name _____ Relationship _____
Address _____ Phone Number(s) _____

RESIDENT DRIVEN VEHICLES: Please list **ALL** vehicles driven by residents of the unit

	Make & Model	Color	License Plate #	State Registered
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

PETS: Please include name of pet, species, and breed (if applicable)

Please use the reverse side of this form for additional information

Signature: _____ Date: _____

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