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Owner s information		
Unit Address		
Name of Owner(s)		
Owners Off-Site Address If Applicable		
Owner's Home Phone Number		
Owner's Work Phone Number		
Owner's Cell Phone Number		
Owner's Email Address		
Car #1 (Make, Model, and Year)	Plate No.	
Car #2 (Make, Model, and Year)	Plate No.	
Parking Permit Tag No.		
Paking Space No.		

## CHECK THIS BOX IF YOUR UNIT IS **NOT** CURRENTLY BEING RENTED

Emergency C	ontact I	nformation
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Name	
Relationship	
Home Phone	
Mobile Phone	
Address	

**Renter(s) Information – If Applicable** 

Name of Renter(s)	
Renter(s) Home Phone Number	
Renter(s) Work Phone Number	
Renter(s) Cell Phone Number	
Renter(s) Email Address	
Car #1 (Make, Model, and Year)	Plate No.
Car #2 (Make, Model, and Year)	Plate No.

## **Animals Onsite**

Name	Species/Color	Weight

If you have more pets, please list their information on the reverse side of this form

I have provided my tenant(s) copies of the governing documents as well as the Rules & Regulations for the Homeowners Association.

SIGNATURE:	DATE:	
SIGNATURE:	DAIE:	

Please Return This Form To:

65 Washington St., Suite 268, Santa Clara, CA 95050 Fax: (888) 959-7640 helpdesk@graysoncm.com