

RAVINA PARC OWNERS ASSOCIATION

REGISTRATION FORM

DATE

UNIT ADDRESS _____ UNIT # _____

OWNER: NAME (S) _____

OFFSITE ADDRESS _____

PHONE # (HM) _____ (CELL) _____ (CELL) _____

PHONE #'S (WK) _____ (WK) _____ () _____

E-MAIL ADDRESS(S) _____ / _____

EMERGENCY CONTACT _____ PHONE _____

DOES THE ABOVE PERSON ALSO HAVE A KEY IN CASE OF EMERGENCY WITHIN YOUR UNIT? IF NOT PLEASE COMPLETE BELOW:

NAME OF KEYHOLDER _____ PHONE # _____

PLEASE LIST THE VEHICLES YOU ARE PARKING AT RAVINA PARC:

MAKE/MODEL _____ YEAR _____ COLOR _____ LICENSE # _____ SPACE/GARAGE. # _____

MAKE/MODEL _____ YEAR _____ COLOR _____ LICENSE # _____ SPACE/GARAGE. # _____

NAMES OF ALL PEOPLE IN RESIDENCE, INCLUDING CHILDREN, ROOMMATES, ETC. _____

ANIMALS IN RESIDENCE (NUMBER, TYPE, SIZE, WEIGHT, COLOR) _____

Note: Only "Service Animal" are permitted with appropriate documentation and prior Board Approval.

GENERAL COMMENTS OR CONCERNS: _____
