

MOUNTAIN SHADOWS HOMEOWNERS ASSOCIATION

2000 Golf Club Drive, Palm Springs, CA 92264

Phone (760) 328-1076 Fax (760) 883-5544

E-Mail: mshomer08@yahoo.com

DATE: _____

LOT #: _____

Dear Homeowner:

An up-to-date membership mailing list is required per the the CCR's of Mountain Shadows Homeowners Association. Please complete this form and return by mail, fax, e-mail or in person to the HOA office as soon as possible. Thank you.

PROPERTY OWNER INFORMATION

PROPERTY Owner(s): _____

PROPERTY ADDRESS: _____

UNIT PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____
CITY STATE ZIP

HOME PHONE #: _____

E-MAIL: _____

Check here if you wish to have your e-mail address shared on the Mountain Shadows Homeowner Roster.

POOL/GATE KEY#S _____

GATE TRANSMITTERS: How many: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

TENANT INFORMATION, IF APPLICABLE

TENANT NAME: _____

TENANT ADDRESS: _____
CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

LEASE DATES: _____

RENTAL AGENT: _____ RENTAL PHONE: _____

RULES RECEIVED _____ YES _____ NO

POOL/GATE KEY # _____
(Issued to Renter)