

# CORONADO SHORES CONDOMINIUM ASSOCIATION #9

## ANNUAL RESIDENT REGISTRATION FORM

Please complete and return this **'RESIDENT REGISTRATION FORM'** within thirty (30) days of receipt. Should there be a change of occupancy, a revised/updated form should be submitted within thirty (30) days. Additional forms are available from the General Manager or from the website ([coronadoshores.org](http://coronadoshores.org)). This information may be necessary in the event of an emergency involving your home in addition to assist identification of persons entitled to be on the property.

### OWNER INFORMATION

MEMBER NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER MAILING ADDRESS: \_\_\_\_\_

*(if different than property address)*

1. OWNER NAME: \_\_\_\_\_ (work) \_\_\_\_\_

(email) \_\_\_\_\_ (cell) \_\_\_\_\_

2. OWNER NAME: \_\_\_\_\_ (work) \_\_\_\_\_

(email) \_\_\_\_\_ (cell) \_\_\_\_\_

Is this your primary residence?  Yes  No If No, please complete the Tenant Information Section.

### TENANT INFORMATION

\*Please provide **all** requested information for those who live at the property address. Attach additional sheets if necessary.

If unit is occupied by someone other than the owner(s), please list:

1. TENANT NAME: \_\_\_\_\_ (work) \_\_\_\_\_

(home) \_\_\_\_\_ (cell) \_\_\_\_\_

2. TENANT NAME: \_\_\_\_\_ (work) \_\_\_\_\_

(home) \_\_\_\_\_ (cell) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Indicate the person to contact in the event of an emergency:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

Please list any other people who have access to your home (*e.g., rental agent, manager or other local party*):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### RESIDENT VEHICLE INFORMATION

\*Please provide **all** requested information for vehicles of those who live at the property address. Attach additional sheets if necessary.

	<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>License No.</u>	<u>Registered Owner</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete all information and return form to: [coronadoshores9@live.com](mailto:coronadoshores9@live.com) OR mail to: CSCA #9  
C/O EBMC - 10801 Thornmint Rd., #100, San Diego, CA 92127