# VILLA DEL ORO CONDOMINIUM OWNERS' ASSOCIATION, INC 580 BOOKCLIFF AVE, #13 GRAND JUNCTION, CO 81501

## HOA Manager's # (970) 778-2504

### **OWNER REGISTRATION**

Return this completed form to the address above or give to the HOA Manager. Email form to <a href="mailto:brent@toplinemanagementinc.com">brent@toplinemanagementinc.com</a> All information is Required and Confidential. Board of Managers and Staff Use Only. Must be returned within thirty (30) days of receipt!

OWNER INFORMATION		Unit #	
Owner Name(s)			
I occupy this unit or I will be liv	ing at:		
			8
(Street Address)	(City)	(State)	(Zip)
(Home Phone)	(Work Phone)	(E-Mail)	
Mortgage Holder (if any):		hone #	
Homeowners Insurance Companies Policy #:	py:Phone #		
Emergency Contact:			
# of Vehicle(s) (Owner Occupants Only)  Make(s):			(Phone #)
Note: All owners and their tenan with and enforcement of all appl needed for Liability issue's only of \$25.00 will be assessed. If no assessed, and a lien will be put of the registration form has not been	icable association governing. Owner has thirty (30) day of received in ten (10) days an property. 3 <sup>rd</sup> violation wi	g documents. Ins s to return registr after 1st violation.	urance information ration form or a fine a fine of \$50 will be
(Owner's Signature)		(Date)	

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#### **TENANT INFORMATION:**

Occupant Name(s) or Property Management Company:  Contact at Property Management Company (if Applicable)				
Vehicle(s) License #_	Addl' Lic	cense #		
Make of Vehicle(s)				
Renter's Insurance Pol Renter's Insurance Co	licy # (if applicable): mpany and Phone #:			
Additional Occupants:	<u>-</u>			
(Tenant/Property Man	ager's Signature)	(Date)		