

**TO: HOMEOWNER ASSOCIATION MEMBERS AND/OR TENANTS. PLEASE
FILL OUT THIS FORM TO HAVE IT ON FILE.**

**RETURN THIS FORM TO : FABS, INC. 39 CALIFORNIA AVENUE, SUITE #108,
PLEASANTON, CA 94566 (*do not send with your payment.*)** You may also fax to our office
@ (925) 249-9006. Forms must be **FILLED OUT COMPLETELY** each year (**PLEASE
PRINT**) and on file with the Management Office so that we may better serve you and the
community. Thank you!

OWNER'S

NAME _____

_____ Last name First Name

OWNER'S UNIT

ADDRESS _____ Acct. # _____

OWNER'S MAILING

ADDRESS _____

(if different from unit address)

OWNER'S HOME PHONE #() _____ WORK #() _____

EMERGENCY #() _____

RENTER NAME(S)

_____ Last First

_____ Last First

TENANT'S HOME PHONE: #() _____
WORK #() _____ EMERGENCY #() _____

TENANT'S HOME PHONE #() _____
WORK #() _____ EMERGENCY #() _____

PERSON TO CONTACT IN CASE OF

EMERGENCY _____

RELATIONSHIP _____ PHONE #() _____

VEHICLE(S):

TYPE _____ YEAR _____ LICENSE PLATE # _____

TYPE _____ YEAR _____ LICENSE PLATE # _____

TYPE _____ YEAR _____ LICENSE PLATE # _____

NUMBER OF PETS _____ DOG _____ BREED _____

WEIGHT _____ LICENSE# _____

CAT _____ BIRD _____ OTHER _____ SPECIFY _____

FOR OFFICE USE ONLY

NEWCOMER LIST _____

STICKER(S) ISSUED _____

IN COMPUTER _____

