

GALENA COUNTRY ESTATES HOA HOMEOWNER REGISTRATION FORM

Owners are required to complete and return a 'HOMEOWNER REGISTRATION FORM' within thirty (30) days of receipt and the form must also be updated immediately following a change of occupancy. Additional forms may be obtained from Eugene Burger Management Corporation. Please understand that this information may be necessary in the event of an emergency involving your home and that it is also required in order to maintain a record of all persons entitled to be on the property.

OWNER INFORMATION

DATE: _____ OWNER NAME(S): _____
PROPERTY ADDRESS: _____
OWNER MAILING ADDRESS: _____
WORK PHONE NUMBER: _____ HOME PHONE NUMBER: _____
CELL1: _____ CELL2: _____ *EMAIL: _____

Is this your primary residence? Yes No – This is a 2nd home – Complete Tenant Information Section Below.

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 AND/OR LEGAL REPRESENTATIVE INFORMATION

Indicate the person to contact in the event of an emergency and/or your legal representative:

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.	_____	_____	_____	_____	_____

*Pursuant to NRS 116.3108 Section 3, please sign and date below if you consent to the Association delivering documents to you at the email address you provided or by other electronic means.

Owner: _____

Date: _____

PLEASE COMPLETE ALL OF THE INFORMATION AND SUBMIT THIS FORM TO ONE OF THE FOLLOWING

Email: renooffice@ebmc.com

Fax: (775) 828-2677

Mail/Deliver: EBMC – 5011 Meadowood Mall Way, Suite 200, Reno NV 89502

