

LAKESIDE OWNER REGISTRATION

All information is required and is confidential

Date _____ Scanned _____

Please print legibly – the office staff thanks you in advance

Please return to:

Lake View Estates Venture HOA, 3150 Lakeside Dr. #101, Grand Junction, CO 81506 Office # (970) 243-8910

Or email to manager@lakeside-gj.com

Lakeside Property Address _____ BLDG _____ UNIT # _____

OWNER(S) INFORMATION **ALL FIELDS ARE REQUIRED.**

1. Name of **primary** Owner to contact: (please print) _____

Best Number to reach you: _____

Mailing address if different than property address: _____

Email Address: _____ **(this field must include an email address)**

Please provide **Vehicle Make:** _____ **Color:** _____ **License Plate:** _____

2. Name of Business entity if applicable: (please print) _____

3. **EMERGENCY CONTACT NAME:** _____ **PHONE #** _____

(Please list all other owners on the reverse side, thank you!)

PROPERTY INFORMATION

Will the property be used as a rental? Yes _____ No _____

Will the property be used as an Air B&B? Yes _____ No _____

If yes to Air B&B, all copies of licenses need to be on file at the Management office. License received on: _____

Do you have a Property Manager? Yes _____ No _____

Company Name: _____

Property Managers Name: _____

Contact phone #: _____ **email address:** _____ **(Required)**

Please initial each of the following indicating that you have read, understand and agree to each one.

_____ **PETS ARE HIGHLY DISCOURAGE IN RENTAL UNITS IN BOTH TERRACE AND CHRISTIANNA (complete policy attached)**

_____ **TERRACE AND CHRISTIANNA ARE NON SMOKING ASSOCIATION (complete policy attached)**

_____ **ANY CHANGE IN INFORMATION IS DUE TO THE MANAGEMENT OFFICE WITHIN 30 DAYS**

(mailing address, contact info, license plate, type of car, new tenant, property manager, etc.)

NON COMPLIANCE WILL RESULT IN A \$250 FINE

PLEASE PUT YOUR INITIALS ON THE FOLLOWING IF YOU AUTHORIZE YOUR TENANT(S) TO USE THE COMMUNITIES AMENITIES AND THAT YOU UNDERSTAND YOU ARE RESPONSIBLE FOR ANY AND ALL DAMAGES THAT MIGHT OCCUR THROUGH THEIR USE. PLEASE CHECK ALL THAT APPLY.

_____ COMMUNITY ROOM _____ ART ROOM _____ RV STORAGE AREA

_____ POOL FACILITY _____ FAMILY PAVILLION (WHEN COMPLETED) _____ STORAGE CLOSET

FOR OFFICE USE ONLY

RV SPACE # _____ POOL APP OR FOB _____ STORAGE CLOSET # _____

Please list any additional Owners

1. Name(s) of additional Owners: (please print) _____
Best Number to reach you: _____
Mailing Address: _____
Email Address (Required): _____
Vehicle make: _____ Color: _____ License Plate: _____

2. Name(s) of additional Owners: (please print) _____
Best Number to reach you: _____
Mailing Address: _____
Email Address (Required): _____
Vehicle make: _____ Color: _____ License Plate: _____

3. Name(s) of additional Owners: (please print) _____
Best Number to reach you: _____
Mailing Address: _____
Email Address (Required): _____
Vehicle make: _____ Color: _____ License Plate: _____

Please list any Children under 18 living on property with owner

1. Name(s) of Children: (please print)

Age of Child under 18: _____

2. Name(s) of Children: (please print)

Age of Child under 18: _____

3. Name(s) of Children: (please print)

Age of Child under 18: _____