

VILLA BALBOA



UNIT REGISTRATION INFORMATION

OWNER AS NAME(S) APPEAR ON GRANT DEED:

(Please attach a copy of the Grant Deed if owner has changed.)

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

OWNER'S TELEPHONE-Home (____) _____ Business (____) _____

Cell(s): (____) _____ Cell: (____) _____

EMERGENCY TELEPHONE NO. (____) _____ Name: _____

TENANT'S NAMES IF UNIT IS LEASED:

TENANT'S EMAIL ADDRESS: _____

TENANT'S TELEPHONE- Home (____) _____ Business (____) _____

Cell(s): (____) _____ Cell: (____) _____

EMERGENCY TELEPHONE NO. (____) _____ Name: _____

Directory Programming:

New Owner/Tenant Edit Existing Owner/Tenant

Existing #: _____

Existing Tenant/Owners Name: _____

Home Phone # (to be programmed): (____) _____

Name (to be programmed): _____

I understand that NO resident vehicles, including licensed motorcycles, are allowed to park within the Villa Balboa Community Association development without a parking decal properly displayed on the vehicle, per the Association's Rules and Regulations.

Entered by: _____ Date: _____ Move-In Fee: Required \$70 \$ _____

SIGN WHERE APPLICABLE

Owner:

As the owner, I have received the ByLaws and Covenants, Conditions and Restrictions for the Villa Balboa Community Association, and the Rules and Regulations of the Association. I understand that I am obligated to abide by these ByLaws, CC&R's and Rules and Regulations, and that I am responsible for the actions of my family and guests while I occupy the premises, and for my tenant and their guests if the unit is rented.

A. _____
 SIGNATURE DATE

Tenant:

As a tenant, I have received from the Unit Owner a copy of the Rules and Regulations for the Villa Balboa Community Association, and I understand that I, my guests and invitees are obligated to abide by these Rules and Regulations while I occupy the premises.

B. _____
 SIGNATURE DATE

Pool Facilities

I understand that there is **NO** lifeguard on duty, and that the pools are deep and not designed for children. Any resident chaperoning a child under sixteen (16) years of age accepts full responsibility for the safety of the child, and holds the Association and Management company free and harmless of any liability resulting from any injury.

C. _____
 SIGNATURE DATE

VEHICLE REGISTRATION (RESIDENT'S VEHICLES ONLY)

OFFICE USE ONLY:

YEAR	MAKE	MODEL	COLOR	STATE	LICENSE U	Decal No.	Date Issued	Date Returned

This form MUST be completed and returned in order to set-up new owner's account for ACCESS into the Villa Balboa Community. ESCROW: Please return with closing documents.

OFFICE USE ONLY:

GUEST PASSES No. Returned	Date Issued	Date	TRANSMITTERS No. Date Issued	ACCESS CARDS No. By Date	Date Issued	Deactivated

**EMERGENCY MAINTENANCE ACCESS
AUTHORIZATION FORM**

Dear Homeowner:

Occasionally, there have been emergency situations develop within a unit when the homeowner or tenant was not at home. Usually the problem is discovered by a neighbor when it begins to affect his or her unit. Burst washing machine hoses/unit water lines, overflowing bathmbs/toilets/sinks/dishwashers, defective icemakers, and defective caulking have been the chief culprits in these situations.

The usual course of action for an affected homeowner or tenant is to attempt to bring it to the other party's attention; in the absence of the other party the next call is made to the Management Company.

Except for Article VI, Section 8 of the CC&Rs, the Association does not have the right to enter the unit in an owner's or tenant's absence, unless prior authorization has been obtained. The purpose of this letter is thus to obtain your authorization to be kept on file with the management company. In the case where a homeowner rents the unit the authorization must survive any lease provisions to the contrary.

By your signature below you indicate your prior approval for the Association, either through on-site maintenance personnel or the management company by means of contractors, to enter your unit for the purpose of terminating the cause of any malfunction that is occurring in your absence, and to indemnify the Association from any collateral damage caused in the process other than gross negligence, inclusive of tenant property.

HOMEOWNER/TENANT NAME (PRINTED)

DATE

HOMEOWNER/TENANT NAME SIGNATURE

DATE

HOMEOWNER OFF-SITE ADDRESS CITY STATE ZIP

(Home)_____ (Work)_____

(Cell)_____ (Other)_____

CALL FIRST IN THE EVENT OF AN EMERGENCY: (Has key or security system code).

NAME_____

PHONE:_____