

## AUTUMN POINTE HOA - Occupant Registration Form

### UNIT INFORMATION

Unit Address: _____	Los Angeles, CA 90032	Unit#: _____
Address		Unit#
Unit Status: <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Other (Please Explain): _____		
Garage #: _____ Parking Permit: _____ <input type="checkbox"/> I currently don't have a parking permit and would like to rent one.		

### OWNER INFORMATION

Please only fill out information for owner(s) that appear in the title/deed of the unit and provide at least one contact you can be reached in case of an emergency. Notices from the Association will be delivered to mailing address listed for Owner 1. If none listed notices will be delivered to the unit address.

Owner 1	Name: _____		
	Last	First	M.I.
	Mailing Address: _____ <input type="checkbox"/> Same as "Unit Information"		
	Home (     )     -	Cell (     )     -	Other (     )     -
	Email Address: _____	In case of emergency please contact: 1 <sup>st</sup> : <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Email 2 <sup>nd</sup> : <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Email	

Owner 2	Name: _____		
	Last	First	M.I.
	Mailing Address: _____ <input type="checkbox"/> Same as "Unit Information"		
	Home (     )     -	Cell (     )     -	Other (     )     -
	Email Address: _____	In case of emergency please contact: 1 <sup>st</sup> : <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Email 2 <sup>nd</sup> : <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Email	

### LEGAL REPRESENTATIVE

Please fill information for legal representative, if any, including any person with power of attorney or other person who can be contacted in the event of your extended absence from your unit.

Name: _____		
Last	First	M.I.
Mailing Address: _____		

### OCCUPANT INFORMATION

For purpose of this Section, "permanently reside" shall mean the use, residency, or occupancy of any Unit, by any Owner, member of an Owner's family, lessee, tenant, occupant, or other resident thereof for more than thirty (30) consecutive days or more than sixty (60) aggregate days, whether or not consecutive, in any one (1) calendar year.

1. _____ <input type="checkbox"/> Same as Owner 1	5. _____
2. _____ <input type="checkbox"/> Same as Owner 2	6. _____
3. _____	7. _____
4. _____	8. _____

Name (of person that filled out form): _____			
Last	First	M.I.	Date (MM/DD/YYYY)     /     /