

The Fairways at Fieldcreek Ranch 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 Kenyon & Associates, Inc. Please understand that this information is 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: _____
(address) (city, state, zip code)

OWNER MAILING ADDRESS (if different) _____

Work Phone Number: _____ Home phone number: _____

Cell 1: _____ Cell 2: _____

Other phone number: _____ Email address(es): _____

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(es) you provided or by other electronic means.

Owner Signature: _____ Date: _____

Is this your primary residence? Yes No

Is this a 2nd home? Yes No

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 legal representative.

NAME: _____ RELATIONSHIP: _____

HOME #: _____ WORK #: _____ CELL #: _____

Please list any other people who have access to your home (e.g., rental agent, manager, other)

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 Plate #</u>	<u>Registered Owner</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PETS

Please provide **all** requested information for pets of those who live at the property address.

	<u>TYPE</u>	<u>BREED</u>	<u>COLOR</u>	<u>GENDER</u>	<u>NAME</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

EMAIL: sierra@kenyonandassociates.com

FAX: 775-674-8010

Mail/Deliver: Kenyon & Associates, Inc., 645 Sierra Rose Dr., Suite 104, Reno, NV 89511