

Occupant Registration Form

Date	Unit #
Property Address	
☐ Check this box if there is no change checked.	e from the previous year. No additional information is needed if this box is
	OWNER INFORMATION
This section must be comp	pleted regardless of owner-occupancy or tenant-occupancy status.
Owner Name (PLEASE PRINT)	
Owner Mailing Address	
Phone	E-mail
Alt. Phone	Alt. E-mail
	TENANT INFORMATION Inpleted by any non-owner staying in the unit for longer than two weeks and must include everyone in the unit.
Tenant Phone	
Tenant Alt. Phone	Alt. E-mail
•	VEHICLE INFORMATION
Make/Model	License Plate #
Make/Model	License Plate #

^{***}Please return this form to the Mills Management Services, Inc., 1645 South Rancho Santa Fe Road, Suite #208, San Marcos, CA 92078 or via e-mail to chris@millsmanagementservices.com***



PET INFORMATION

Name	_ Type of Pet
Breed	License # (dogs only)
Name	Type of Pet
Breed	
EMERGENCY CO	NTACT INFORMATION
Name	Relationship
Phone	Alt. Phone
the above referenced property do hereby notify occupants of my unit. In the event that my unit rights of enjoyment. My signature as Owner deperson(s) and do agree to abide by all rules of Association's acts of enforcement pursuant to the state of the s	AL: By my signature below, I as Owner and Lessor on the Board of Directors that these names are the is tenant-occupied, I hereby delegate to them the oes acknowledge that I/we are the sole responsible this Association. I further understand that the the enforcement of rules and regulations, including age which may be incurred by my tenants should
Owner's Signature	Date
read the Rules & Regulations and CC&Rs of th	ve referenced property do hereby acknowledge having the Association and will abide by the provisions of these by of the CC&Rs and Rules & Regulations for the found on the Avalon website
Tenant's Signature	Date
Tenant's Signature	Date
desired and the second	10 1 1 10150 11 5 1 6 1 5 5 1 6 1

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