

\*ALTOS Del Mar Association Delivery Notification Form

Resident Name: \_\_\_\_\_

Resident Contact Number: \_\_\_\_\_

Resident Email: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_

Time of Delivery: \_\_\_\_\_

Description of Delivery:

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Delivery Company/Driver Name: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

Special Instructions/Access Details:

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I acknowledge that I am responsible for receiving and retrieving my delivery promptly to prevent obstruction of common areas and ensure the security of the community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*For Office Use Only\*\***

Received By: \_\_\_\_\_

Date and Time Received: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

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Please complete this form and submit it to the ALTOS Del Mar Association office at least [insert time frame, e.g., 24 hours] prior to the scheduled delivery. For urgent deliveries or questions, please contact the HOA management team at [insert contact information]. Thank you for your cooperation.