



**Westlake Villas Community Association
Resident Information Sheet**

Unit Number: _____

Key Fob: _____

Please Check One

☐ Owner

☐ Tenant *

* If renting, a copy of rental/lease agreement is required.

RESIDENT INFORMATION (PLEASE PRINT)

Name:

Home or Cell Phone:

Email:

Additional Resident:

Additional Resident Phone:

Additional Resident Email:

OTHERS RESIDING WITH YOU IN THE UNIT

Name	Relationship	Gender	Age	Date of Birth (MM/DD/YY)

VEHICLES*

Year:	Make:	Model:	Color:	License #:
Year:	Make:	Model:	Color:	License #:

* The Association's CC&R's restrict parking within the Association to two (2) vehicles per Unit. Please keep in mind, additional vehicles may not be parked within the Association. Providing this vehicle information to management does not "safe-list" your vehicle from being towed if no permit is displayed.

PROPERTY MANAGEMENT / OWNER INFORMATION – IF APPLICABLE

Management Company:	Manager Name:
Management Email:	Management Phone:
Owner:	Co-Owner:
Billing Address:	Phone:
Email:	Owner Signature:

EMERGENCY CONTACT INFORMATION

Name:	Phone:	Keys: ____ Y ____ N	Relationship:
Name:	Phone:	Keys: ____ Y ____ N	Relationship:

Please return form to: 4800 Westlake Parkway
Sacramento, CA 95835

westlakevillas@fsresidential.com or fax to (916) 928-9937

Office Use Only

Parking Permit #: _____