



THE OAKS

Community Association

5607 Jackson Valley Road | Lone, CA 95640 | 209-274-6056 | office@theoaksone.com

Complete and send to:
office@theoaksone.com

2025 HOUSEHOLD PROFILE

Date: _____

Lot #: _____

Property Address: _____

OWNER INFORMATION

Name(s) on Title: _____

Property is: ☐ Owner Occupied ☐ Renter Occupied ☐ 2nd Family Home

Additional Adult Household Members: _____

Minor Children (Names & Birthdates): _____

CONTACT INFORMATION

Primary Mailing Address (for Association Notices): _____

Primary Phone: _____

Primary Email: _____

☐ Yes, include my email for community info and account correspondence.

☐ Yes, include my phone for TOCA text alerts (Reply "STOP" to opt-out).

☐ Yes, I prefer paperless billing. Please email monthly billing, and I will utilize the Payment Portal for reference.

Secondary Phone: _____

Secondary Email: _____

VEHICLES

(List all household vehicles)

1. Make & Model: _____

License #: _____

Year: _____ Color: _____

3 Make & Model: _____

License #: _____

Year: _____ Color: _____

2. Make & Model: _____

License #: _____

Year: _____ Color: _____

PETS

(Limit 2 pets – Type, Breed, Color, Name)

1. _____

2. _____

EMERGENCY CONTACT

Name: _____

Phone #: _____

MEMBERSHIP LIST OPT-OUT

☐ Check this box if you wish to be excluded from the Owner's Membership List (per CA Civil Code).

DELIVERY PREFERENCE NOTICE

Per CA Civil Code, owners must annually provide written notice of their preferred and secondary delivery methods. If not provided, the last known mailing address or property address will be used.

SIGNATURES

Resident Signature: _____

Resident Signature: _____

Date: _____

Date: _____