

# Rainbow Bend Homeowners Association

## 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 2<sup>nd</sup> 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>Year</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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**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.	_____	_____	_____	_____	_____

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

EMAIL: [peggy@kenyonandassociates.com](mailto:peggy@kenyonandassociates.com)

FAX: 775-674-8010

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