

Oceana Mission IV Community Association

Owner/Resident Information Form

Date: _____

Property Address: _____

Check One: ☐ Main Resident ☐ 2nd Home ☐ Rental (please provide tenant information below)

OWNERS NAMES AS
WRITTEN ON TITLE:

Owner 1: _____ Phone: _____
Publish in Owner Directory - Yes ☐ or No ☐

Cell: _____ Work: _____ Email: _____
Publish in Owner Directory - Yes ☐ or No ☐

Owner 2: _____ Phone: _____
Publish in Owner Directory - Yes ☐ or No ☐

Cell: _____ Work: _____ Email: _____
Publish in Owner Directory - Yes ☐ or No ☐

Additional Adult Residents living with the Owner of Record: _____

Mailing Address: _____
(If different than the Street Address or P.O. Box
property address)

City, State, Zip Code

TENANT INFORMATION

Rental Agent: _____ Tenant Move In Date: _____

Agent Address: _____ Phone: _____

Tenant 1: _____ Phone: _____
Publish in Owner Directory - Yes ☐ or No ☐

Cell: _____ Work: _____ Email: _____
Publish in Owner Directory - Yes ☐ or No ☐

Tenant 2: _____ Phone: _____
Publish in Owner Directory - Yes ☐ or No ☐

Cell: _____ Work: _____ Email: _____
Publish in Owner Directory - Yes ☐ or No ☐

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Property Address: _____

LIST ALL PETS RESIDING ON PROPERTY

Type (cat/dog)	Breed	Color	Weight	License #

LIST VEHICLES TO BE PARKED WITHIN THE COMMUNITY

Registered Owner	Year	Make	Model	Color	License #	State

If Applicable: Parking Space/Permit #1: _____ Parking Space/Permit #2: _____

PREFERRED METHOD OF CORRESPONDENCE/COMMUNICATION

Architectural Letters	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Compliance Letters	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Coupons	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Delinquency Letters	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
General Association	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Statements	<input type="checkbox"/> Mail	<input type="checkbox"/> Email

IN CASE OF AN EMERGENCY PLEASE NOTIFY/CONTACT

Name: _____ Relationship: _____

Mailing Address: _____

City, State, Zip Code: _____

Home: _____ Cell: _____ Work: _____

I understand I am responsible for providing updated contact information to the Association if there are any changes in occupancy. All mailings and notifications will be sent to the most recent address on file, changes to the mailing address or occupancy must be provided in writing.

SIGNATURE (Owner): _____ Date: _____

Please return to: PropertyADVANTAGE, 5142 Avenida Encinas, Carlsbad, CA 92008
760-585-1700/Fax 760-438-6886 or email: cshipp@propadvantage.com

PLEASE COMPLETE BOTH SIDES OF THIS FORM