

ST. ROSE COURT HOMEOWNERS ASSOCIATION MEMBER REGISTRATION

MANDATORY RETURN OF FORM
Due date of form is 15 days from receipt

HOMEOWNER NAME

PROPERTY ADDRESS

MAILING ADDRESS, IF DIFFERENT FROM PROPERTY ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

IS THE PROPERTY A RENTAL UNIT? Yes No

IF YES, PLEASE LIST THE FOLLOWING:

MANAGEMENT COMPANY/ TENANT'S NAME(S): _____

PROPERTY MANAGER CONTACT NAME (IF APPLICABLE): _____

PHONE NUMBER(S): _____

E-MAIL ADDRESS: _____

DO YOUR TENANTS HAVE A COPY OF THE GOVERNING DOCUMENTS? YES NO

ARE YOU AUTHORIZING YOUR TENANTS USE OF THE COMMON AREA AMENITIES? YES NO

POOL ACCESS KEY FOB(S)? YES NO

NUMBER OF PETS: DOGS # _____ BREED(S) _____ / _____ COLOR(S) _____ / _____ WEIGHT _____ / _____

CATS # _____ COLOR(S) _____

BY SIGNING BELOW YOU ARE AUTHORIZING AND AGREEING THAT YOUR TENANT OR MANAGEMENT COMPANY HAS BEEN AUTHORIZED TO RECEIVE A POOL GATE ENTRY FOB AND RECEIVE A PERSONAL GATE CODE ASSIGNED TO EACH UNIT. RESIDENT REGISTRATION IS MANDATORY EVEN IF YOUR UNIT IS OWNER OCCUPIED. THE REGISTRATON OF RESIDENTS WILL ENABLE US TO PROVIDE A SAFER COMMUNITY TO BE ABLE TO COMMUNICATE WITH OUR RESIDENTS MORE EFFICIENTLY. FAILURE TO RETURN THIS FORM MAY RESULT IN SUSPENSION OF USE OF COMMON AREAS AND NON-ISSUANCE OF NEW PERSONAL GATE CODE ENTRY #.

SIGNATURE

DATE

PLEASE RETURN TO:
ST. ROSE COURT HOMEOWNERS ASSOCIATION
c/o EPIC ASSOCIATION MANAGEMENT
8712 SPANISH RIDGE AVENUE LAS VEGAS, NV 89148 TEXT: (702) 767-9993
EMAIL: ADMIN@EPICAMLV.COM