## Candlewood Ridge/Carriage Wood Homeowners' Association Annual Owner and Resident Registration Form

1.	Property Account Number:									
2.	Property Address:									
	Street Address		City	State	Zip					
3.	Names of all legal property owners:	Owner #1:			<del></del>					
	(add more on back if needed*)	Owner #2:								
	**if there are more than two owners, please provide name, phone, email, mailing address for each									
	additional owner on an addition to	this page.								
4.	Where do the owners of this property live? (check the applicable boxes)									
	Owner #1  At the property  Off-site: off-site address:									
	Owner #2  At the property  Off-site: off-site address:									
5.	Where should the Association send your mail? □ To property □ To an off-site address (list the address below									
	Street Address		City	State	Zip					
6.	List the phone numbers and email addresses for all owners, as applicable:									
	<u>Home</u>	<u>Work</u>	<u>Cell</u>	<u>E-mail</u>						
	Owner #1: Owner #2:									
7.	IN CASE OF EMERGENCY: In case of an emergency situation (fire/flood/police activity/etc), please provide a local emergency contact that could come in person, if a property owner cannot be contacted:									
	Name: Pho	Relationship:								
		Relationship:								
to:	ease sign and date this form below, acknown By mail: CR/CW HOA, P.O. Box to email: crcwhoa@ciramail.com			nd complete and re	eturn it					
Th	ank you for your cooperation.									
Ow	vner #1 Signature		Date							
Ow	vner #2 Signature		Dat	e						

## **ATTENTION**

Please provide the information requested on the next page for all adult (ages 18 or older) residents (which includes owners, family members, other residents). Vacant property information is also required if the property is to be vacant for a period of time. Failure to comply may result in fines being levied against you and your property, until current Resident Information is received.

## **Resident Information**

1.	living at the property including		,		`	_		idents, and/or family members)		
	Name Resident #1:									
	Please check the following:		Tenant		Relative		Other: _			
	Name Resident #2:									
	Please check the following:		Tenant		Relative		Other: _			
	Name Resident #3:		Tenant		Relative		Othor			
	Please check the following:  Name Resident #4:	Ц	renant	Ц	Relative	Ц	Other			
	Please check the following:		Tenant		Relative		Other:			
2.	List the phone numbers and e									
	<u>Home</u>		<u>Work</u>			<u>Cel</u>	<u>l</u>	<u>E-mail</u>		
	Resident #1:									
	Resident #2:									
	Resident #3:									
	Resident #4:									
3.	List the make, model, and license plate for all owner or resident vehicles (maximum 4 non-garaged owner/resident/family/guest vehicles are allowed per property in the HOA at any one time):  Make  Model  License Plate Number State Issued & Expiration Da									
	Resident #1:									
	Resident #2:									
	Resident #3:									
	Resident #4:									
4.	If the property is currently vacant, list dates that the vacancy started and the anticipated end date:  Vacancy Start Date: Vacancy End Date:  Reason for maintaining vacant property:									
	Reason for maintaining vacan	t pro	perty:							
			vner, Res ning Doc							
Da	te:									
I (V	Ve),							, the owner(s) of property		
			, do hereby acknowledge that I(we) have							
	erred the residents and /or adult									
	cuments at crcwhoa@ciramail.c		, ,		, ,			,		
	icies shown on the HOA webpa									
res	ponsible for any action or result	s of a	action of ou	ır gue	ests, reside	ents,	or family	members that would not be in		
	npliance with these governing d			_		•	,			
		_								
Ow	/ner(s) Signature(s)									