

TOP O' TOPANGA COMMUNITY RESIDENT FORM

Name of Landowner/Owner(s) \_\_\_\_\_

Unit Address \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a Land Owner: \_\_\_\_\_ Land Lease Tenant: \_\_\_\_\_ Tenant: \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Tenant's Phone Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicles Parked in Community:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_

All Residents including Children & Roommates:

Name \_\_\_\_\_ Age \_\_\_\_\_ DL# \_\_\_\_\_ Gate Card/Fob# \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DL# \_\_\_\_\_ Gate Card/Fob# \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DL# \_\_\_\_\_ Gate Card/Fob# \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DL# \_\_\_\_\_ Gate Card/Fob# \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DL# \_\_\_\_\_ Gate Card/Fob# \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Pets:

Name: \_\_\_\_\_ Type (i.e. dog/cat/bird): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_ Type (i.e. dog/cat/bird): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Owner assumes all responsibility for gate fobs issued. Gate fobs will be issued at Owners request with proper identification and payment required for each fob issued. A charge of \$25.00 will apply for replacement of each fob.

OPT OUT OPTION

The data for Residents contact information, etc. may be provided to any Owner of the community upon request. You have a right to "opt out" to block this information from being received. If you want to "opt out" you must notify Lordon Management in writing or by checking the box and signing below:

I wish to opt out

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Top O Topanga property address