

Mountain View Community Association

c/o FirstService Residential
25240 Hancock Avenue, Suite 400
Murrieta, CA 92562

DATE SUBMITTED: _____
PROPERTY ADDRESS: _____
PREVIOUS RESIDENT (office use): _____
GATE CODE (office use): _____

RESIDENT INFORMATION

DO YOU PLAN TO RENT OUT YOUR PROPERTY? yes no (If YES, then please complete reverse side of form)

	<u>Include in Printed Directory</u>	<u>Include in Printed Directory</u>
Resident 1: _____ First Name, Last Name	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Resident 2: _____ First Name, Last Name	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Resident 3: _____ First Name, Last Name	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Email: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Email: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Information that you do not want included in the printed directory will be kept private by the Mountain View Association and will only be used for emergency or important contact purposes

Do you wish to receive Community Emails? yes yes, but not for social activities no

Community emails ensure that you are informed of emergencies, special meetings, important information, and social activities.

GATE REMOTES / KEY FOBS / KEYS	Approximate Cost*	Usage
Are you requesting Gate Remotes? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____	\$35 each	For Driving Gates & Liftmaster Garage Doors
Are you requesting Pedestrian Keys? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____	\$5 each	For the Tennis Court and Pedestrian Gates
Are you requesting Key Fobs? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____	\$25 each	For the Clubhouse, Gym, and Pool
Do you already have Key Fobs? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____	(We need to activate your fobs in your name.)	

* **For current prices**, please contact Helen Bravo at 951-973-7533 or Helen.Bravo@fsresidential.com
Please submit any amounts plus a \$7 certified mailing fee payable to Mountain View Community Association

GATE KIOSK DISPLAY

First Initial(s) _____ Last Name _____ Phone Number _____ (may be cell or home number)

(Your phone number is not displayed at the gate. Your name and a code are displayed. If someone enters your code, then your chosen phone number will ring. Then you can talk to the person, and if you **press 9** on your phone the gate will open.)

EMERGENCY CONTACTS (Kept private by the Mountain View Association)

Emergency Contact 1: _____ Phone Number: _____
First Name, Last Name Home Cell Work

Relation: _____ Mailing Address _____

Emergency Contact 2: _____ Phone Number: _____
First Name, Last Name Home Cell Work

Relation: _____ Mailing Address _____

Resident's Signature: _____ Date _____

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RENTAL PROPERTY ADDRESS: _____

OWNER LEASING INFORMATION

If you are renting out your property, please fill out the information below and provide a copy of your lease agreement. Please note that key fobs will not be activated until your tenants are registered with the Association by completing the Resident Information Form.

PROPERTY OWNER(S)

Owner Name(s): _____

Owner Mailing Address: _____

Owner Phone 1: _____ Owner Phone 2: _____ Owner Email: _____

RENTAL MANAGEMENT AGENCY (if any)

Agency Name: _____

Agency Mailing Address: _____

Agency Phone 1: _____ Agency Phone 2: _____ Agency Email: _____

NEW / CURRENT TENANT(S)

Move in Date: _____

Lessee 1: _____ Phone: _____

Lessee 2: _____ Phone: _____

Lessee 3: _____ Phone: _____

Email: _____ Email: _____

FORMER TENANT(S)

Move out Date: _____

Lessee 1: _____ Lessee 2: _____

Lessee 3: _____

Owner or Agent Signature: _____ Date: _____