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)

	Include in Printed Directory			Include in inted Directory			
Resident 1: First Name, Last Name	□ yes □ no	Cell Phone:		□ yes □ no			
Resident 2: First Name, Last Name	□ yes □ no	Cell Phone:		□ yes □ no			
Resident 3: First Name, Last Name	□ yes □ no	Cell Phone:		□ yes □ no			
Email:	□ yes □ no	Home Phone:		□ yes □ no			
Email:	yes 🗆 no	ate by the Mountain Vie	w Association and v	vill only be used			
Information that you do not want included in the <u>printed directory</u> 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? \Box yes \Box yes, but not for social activities \Box 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? Ives Ino If yes, how many? \$35 each For Driving Gates & Liftmaster Garage Doors Are you requesting Pedestrian Keys? Ives Ino If yes, how many? \$5 each For the Tennis Court and Pedestrian Gates Are you requesting Key Fobs? Ives Ino If yes, how many? \$25 each For the Clubhouse, Gym, and Pool							
Do you already have Key Fobs?							
* <u>For current prices</u> , please contact FirstService's Assistant Manager (Contact information is on front page of Newsletter) Please submit any amounts plus a \$10 certified mailing fee payable to Mountain View Community Association							
GATE KIOSK DISPLAY							
First Initial(s) Last Name Ph	one Number		(may be cell or h	ome 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 V	/iew Association)						
Emergency Contact 1:		Phone Number:					
First Name, Last Name			☐ Home ☐ Cel	I 📙 Work			
Relation: Mailing Address							
Emergency Contact 2:		Phone Number:					
First Name, Last Name				I 🛛 Work			
Relation: Mailing Address							

Resident's Signature: ____

(Continued on reverse side for Leasing Information only) - Adopted 10/28/2020, Minor revisions 3/30/2022, 8/24/2022, 6/22/2023, 2/1/2024 9/1/2024

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DATE SUBMITTED: _____

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:	Owne	er Email:			
RENTAL MANAGEMENT AGENCY (if any)						
Agency Name:						
Agency Mailing Address:						
Agency Phone 1:	Agency Phone 2:	Ageno	cy Email:			
NEW / CURRENT TENANT						
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:			