



## **HOMEOWNER INFORMATION FORM**

**PLEASE COMPLETE THIS FORM AND RETURN by mail;**  
**or e-mail to: [accounting@pdcca.com](mailto:accounting@pdcca.com);**  
**or fax to (760) 345-7413**  
**(All information is kept CONFIDENTIAL)**

HOMEOWNER NAME (S) \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

UNIT PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL / OTHER PHONE(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

AWAY PHONE (S): \_\_\_\_\_

**My PDCCA home is my:**     Primary Residence                       Investment Property  
    Full time     Long Term Rental  
    Part time (seasonal)                       Seasonal Rental

**IN CASE OF AN EMERGENCY PLEASE CONTACT**     Agent             Family             Friend/Other

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**CURRENT RENTER INFORMATION (If applicable:)**

NAME(S): \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

**I authorize my tenant to be given the fob for use at the pool area.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Right of Notice to Two addresses:**

*As provided in Civil Code §4040(b) Upon receipt of a request by a member, pursuant to §5260, identifying a secondary address for delivery of notices of the following types, the association shall deliver an additional copy of those notices to the secondary address identified in the request. Please indicate on this form, if you desire to have a secondary address. Thank you.*