



HOMEOWNER INFORMATION FORM

PLEASE COMPLETE THIS FORM AND RETURN by mail;
or e-mail to: 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.