



Registration Form for Owners and Tenants

Building Number: _____ Unit Number: _____ Owner: Tenant:

Name of Residents: _____

Adults: _____ #Children: _____/Ages: _____, _____, _____ Pets: Cats ____/Dogs____

Alternate Address: _____

City: _____, State: _____ Zip: _____

(Will the Alternate Address will be used for mailings and billing. Yes / No)

***Owners are responsible to submit in writing (email accepted) any changes in Mailing Address, including Seasonal changes to ensure delivery. ***

Phone Number: (____)-____-____ Secondary Number: (____)-____-____

Email: _____

Would you like items emailed to you: Yes / No (Work Orders, Billing, Business, Meetings, etc...)

Vehicle Information: (Must be updated with any new or additional car)

Permit #

Make: _____ Model: _____ Color: _____ Tag: _____

Make: _____ Model: _____ Color: _____ Tag: _____

Make: _____ Model: _____ Color: _____ Tag: _____

Property Manager: _____ Phone Number: (____)-____

- Owner: Is the Property Manager responsible for Billing: Yes / No
- Owner: Is the Property Manager responsible for receiving mail or tenant issues of unit? Yes / No
If YES to either of these answers, please submit to OVPOA in writing what the Property Manger will be responsible for and have the Property Manager sign and date or submit the same along with contact information for the person responsible for communications.

I have received, read and agree to abide by the Oakwood Villas Rules and Regulations and documents. I also agree to provide Oakwood Villas a copy of any and all lease or rental agreements for the ease or rental of my unit either by myself, the Property Manager or tenant filling out registration: (Owners with Multiple units must submit copies for each unit file) in Oakwood Villas, POA.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return to office or email scanned copy to oakwoodvillas@cfl.rr.com

Date Entered OVPOA

Forms may be mailed, scanned and emailed or dropped off in person and must be signed.