Andalucia PUD HOA, Inc. **DATE: _____**

OWNER INFORMATION

OWNER NAME(S):	
PROPERTY ADDRESS:	
MAILING ADDRESS	
PRIMARY PHONE #:	( ) Check One: □Home □Cell □Work
SECONDAY PHONE #:	( ) Check One: □Home □Cell □Work
THIRD PHONE #:	( ) Check One: □Home □Cell □Work
EMAIL ADDRESS(ES)*:	

EMER. CONTACT NAME:	**Relationship:**
EMER. CONTACT PHONE #:	
EMER. EMAIL ADDRESS*:	

TENANT INFORMATION

Term of Lease: Beginning Month/Year: _____ End Month/Year: _____

TENANT NAME(S):	
PRIMARY PHONE #:	( ) Check One: □Home □Cell □Work
SECONDARY PHONE #:	( ) Check One: □Home □Cell □Work
THIRD PHONE #:	( ) Check One: □Home □Cell □Work
EMAIL ADDRESS(ES)*:	

ANDALUCIA

HOMEOWNERS ASSOCIATION