



2192 DENTON GROVE
COLORADO SPRINGS
COLORADO 80919

Arbors at Mountain Shadows Condominium Owners Association, Inc.

March 22, 2016

REGISTRATION/EMERGENCY INFORMATION POLICY

1. All members of the Association shall complete the Registration/Emergency Information form (attached and made a part of this policy) and submit the fully completed form within thirty (30) days of the effective date of this Policy or, thereafter, within thirty (30) days of becoming a member of the Association.
2. Any member who has previously provided ALL of the required information is deemed to have complied with Section 1, above, and need not re-submit the information, except as provided in Section 3, below.
3. Any change in any of the information required in the Registration/Emergency Information Policy shall be submitted to the Association within ten (10) days of any such change.
4. The information that is submitted as a part of the Registration/Emergency Information form shall NOT be published, sold, given away, shared, or used in any written or oral communication except as is required to accomplish the business of the Association by the Board of Directors and/or the Association's legal counsel.
5. Email addresses submitted as a part of the Registration/Emergency Information form shall be used ONLY to communicate to the members of the Association information about or business of the Association and, additionally, that ALL email communications shall be sent with the blind copy (Bcc) option to protect the privacy of all members.
6. Failure to comply with the provisions of this Policy may result in fines or other action as deemed appropriate by the Board and permitted by the governing documents of the Association.

Adopted this 22nd day of March, 2016.

Board of Directors



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REGISTRATION/EMERGENCY INFORMATION

CAREFULLY REVIEW ALL INFORMATION

Please draw a single line through the *incorrect* information and write in the *correct* information directly above.

Name of Owner/Entity: _____

As the name appears on the recorded deed at the Assessor's Office of El Paso County, Colorado.

Name of the Representative for the Entity: _____

If the owner is a not an individual, please enter the name of the individual authorized to represent the entity.

Property address: _____

Mailing address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Association policy dictates that email addresses will be used ONLY to communicate information about or business of the Association and, additionally, that ALL email communications will be sent with the blind copy (Bcc) option to protect the privacy of all homeowners.

EMERGENCY CONTACT: Name: _____ Phone: _____

Property Mgt. Firm.: _____ Address: _____

City: _____ State/Zip: _____

Contact: _____ Phone: _____

Lender: _____ Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____ Phone: _____

(Continued)

Dog A: Breed: _____ M/F: _____ C/S ID No. _____ Rabies ID No. _____

Dog B: Breed: _____ M/F: _____ C/S ID No. _____ Rabies ID No. _____

Note: Current Pet Policy allows only one dog per unit. If there are two dogs and one dies, it cannot be replaced.

Name of Tenant: Name: _____ Phone: _____

E-mail: _____

Term of Lease: Begin: _____ End: _____

Registration for vehicles of ***Residents*** (Owners or Lessees)

1. _____
Make Year Model License No. State
2. _____
Make Year Model License No. State
3. _____
Make Year Model License No. State

Is Handicap Parking requested? Yes/No _____
If Yes, Dept of Motor Vehicle Tag Number _____

I *confirm* that the information provided above is *correct* as of this date: _____

Signature _____ Print name _____
Name of Owner/Entity Representative