



Arbors at Mountain Shadows  
Condominium Owners Association, Inc.

2192 DENTON GROVE  
COLORADO SPRINGS  
COLORADO 80919

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