



Arbors at Mountain Shadows

Condominium Owners Association, Inc.

2192 DENTON GROVE
COLORADO SPRINGS
COLORADO 80919

Date _____

REGISTRATION/EMERGENCY INFORMATION

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 not an individual, please enter the name of the individual authorized to represent the entity)

Property address: _____

Mailing address: _____

Primary phone: _____ Secondary phone: _____

Email address: _____
(Association policy dictates that email addresses shall be used ONLY to communicate information about or the business of the Association. ALL email communications shall be delivered with the blind copy (Bcc) option to protect the privacy of all homeowners)

EMERGENCY CONTACT: Name: _____ Phone: _____
(This person cannot be a tenant or the owner of the property but an individual who lives within the metropolitan area of Colorado Springs)

The Pet Policy allows two (2) pets per unit: Two Dogs or Two Cats or One Dog and One Cat.

Pet 1: Dog or Cat?: _____ Breed: _____ M or F: _____

C/S License No: _____ Rabies Reg. No.: _____

Pet 2: Dog or Cat?: _____ Breed: _____ M or F: _____

C/S License No: _____ Rabies Reg. No.: _____

REGISTRATION for VEHICLES of **RESIDENT** Owners and Tenants

Vehicle 1 Make: _____ Model: _____ Year: _____

License Plate: _____ State: _____ Month: _____

Vehicle 2 Make: _____ Model: _____ Year: _____

License Plate: _____ State: _____ Month: _____

Is Handicap Parking needed? Yes/No _____ Tag No. _____
(If yes, please provide the Colorado Dept of Motor Vehicle Tag Number)

If the unit is occupied by a relative of the owner,
provide his/her name, phone number, relationship, and email address.

Name: _____ Phone: _____ Relationship: _____

Email address: _____

If unit is leased: Name of Tenant: _____ Phone: _____

Email address: _____

Term of Lease: Begins on _____ and Ends on _____

(A copy of the lease, signed by Owner (or its legal representative) and Tenant, needs to be delivered to the Association within fifteen (15) days after the effective date of the lease)

If you have a contract with a management company,
please provide ***ALL*** of the following information—

Name of Company: _____ Contact: _____

Phone: _____ Email address: _____

Street: _____ City: _____ State: _____ ZIP: _____

When there is any change in the information contained within this form,
the Association ***must be notified within fifteen (15) days*** of the change.

(Please review the Registration/Emergency Information Policy)