



Greer Ranch Community Association

Homeowner/Tenant Information Form

Greer Ranch has implemented an access control program to provide for easy identification of residents, their guests and vendors, and to issue vehicle permits. Complete this form accurately and clearly, sign and return it to the Onsite Office located at Everett's Place Clubhouse to register as a Resident of Greer Ranch Community. **Tenants must also submit a copy of their lease.**

Head of Household (primary contact for the home)

First Name: _____ last Name: _____ Homeowner / Tenant

Homeowner Name: _____

Street Address in Greer Ranch: _____

Primary Phone #: _____

Secondary Phone #: _____

Primary Email address: _____

Secondary Email address: _____ No Email Address

- Please note that phone numbers and email addresses will be verified

Other Residents (people that live in the home)

Please list all residents residing in the home; including family members or non-related individuals.

First Name	Last Name	Phone Number	Relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____

Vehicle Information

(Circle number of spaces in garage: 2 3 4)

Vehicle transponders will only be issued in accordance with the Rules and Regulations, and are used to grant access without waiting.

Make	Model	Year	Color	License Plate #	Permit # (assigned by office)	Transponder # (assigned by office)

Golf Carts, Motor Homes, Trailers, Boats Information

RVs – Motor Homes, Travel Trailers and Boats must be registered to be provided 48 Hour Passes

Vehicle Type	Make	Model	Year	Vehicle Length	Color	License Plate # (when applicable)	Permit # (assigned by office)

Vehicle Insurance Information

Vehicle Insurance Company Name _____

Policy # _____

Recreational Vehicle Insurance Company Name _____

Policy # _____

Key FOBS

FOB # _____

FOB # _____

I hereby state that the information furnished above is accurate to the best of my knowledge, and that vehicle transponders assigned to me will not be given to others. I authorize all people or companies identified on this form access to the community on my behalf and without notifying me. I understand that I (and/or the legal owner of the property) am responsible for all actions, violations or fines caused by anyone visiting me. I understand, agree and authorize this information to be used by the Association, its agents and patrol contractors and hold them harmless for its use.

By my signature, I am affirming that I have received a copy of the Association's CC&R's and Rules and Regulations when I purchased the home or from the owner if a tenant; and, that I acknowledge that I am responsible to abide by these.

Printed Resident Name **Resident Signature** **Date**

Printed Resident Name **Resident Signature** **Date**

Printed Resident Name **Resident Signature** **Date**

Printed Resident Name **Resident Signature** **Date**

Printed Resident Name **Resident Signature** **Date**

Printed Owner/Agent Name **Owner/Agent Signature** **Date**

Office Use Only

Registration:

Proof of Insurance:

Lease (Tenants):