

DATE: _____

SUNRISE PALMS HOMEOWNERS ASSOCIATION

(THIS INFORMATION IS CONFIDENTIAL & WILL NOT BE SHARED WITH OTHER HOMEOWNERS)

DEAR HOMEOWNER:

YOUR ASSOCIATION IS UPDATING YOUR INDIVIDUAL HOMEOWNER FILES. PLEASE TAKE A FEW MINUTES TO COMPLETE THIS FORM AND MAIL IT BACK IN THE ENCLOSED ENVELOPE. ITS IMPORTANT TO HAVE EMERGENCY CONTACT INFORMATION ON FILE IN THE EVENT THAT AN EMERGENCY AND/OR OTHER ISSUE OCCURS AT YOUR HOME; WE ARE ABLE TO CONTACT YOU. IF YOU RENT, OR OTHER THAN THE OWNER IS LIVING IN THE UNIT YOU WILL NEED TO FILL OUT THE RENTER INFORMATION FORM.

HOMEOWNER INFORMATION: (Please Print)

UNIT# _____

HOMEOWNER NAME(s) : _____

Number of people living in unit and names _____

SUNRISE PALMS ADDRESS: _____, Palm Springs, CA 92262

Type of unit: number of bedrooms____, number of full bathrooms____, number of half baths____
Washer & Dryer in garage or house, inside door to garage: Yes or No, rear yard sprinklers Yes or No,
Rear yard bubblers: Yes or No. Both Sprinklers and Bubblers: Yes or No.

IS THIS UNIT YOUR FULL TIME RESIDENCE (CIRCLE ONE): YES OR NO

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

LOCAL PHONE: (____) ____ - _____ OTHER Day Time PHONE :(____)____ - _____ (ext.) _____

Evening Phone: (____)____ - _____ EMAIL ADDRESS: _____

PETS RESIDE IN THE HOUSEHOLD (Circle one) YES or NO

Type _____, Breed _____, Age _____, Sex _____, Color _____, Weight _____.
City and License# _____, Neutered: Yes or NO, If you have a picture please attach.

Motor Vehicles Assigned to the unit (attach a sheet if there are more vehicles):

Type_____, Make_____, Model _____, Year _____, License Plate # _____, State_____

Type_____, Make_____, Model _____, Year _____, License Plate # _____, State_____

Type_____, Make_____, Model _____, Year _____, License Plate # _____, State_____

Type_____, Make_____, Model _____, Year _____, License Plate # _____, State_____

PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME: _____ PHONE NUMBER: (____) ____ - _____ Relationship: _____

ADDRESS: _____

Owners signature _____, Date _____

DATE: _____

GATE REMOTE / CARD / ENTRY INFORMATION

IMPORTANT INFORMATION REGARDING THE ENTERPHONE SYSTEM, GATE CARDS AND TRANSMITTERS:
NOTE: Owners (or agents with written owner authorization) must register all enter phone requests, transmitters and cards on behalf of their tenants, family members. Service providers must fill out another form available at the office. Non-owners are not eligible to purchase transmitters or cards without specific written owner authorization. Please be sure to maintain all codes where they can be accessed in the event of a theft, loss or some other event which requires prompt de-activation. Security is important to everyone.

Gate card numbers are located on the rear of the card. The 8 digit number begins with 000-.

Transmitter numbers are located on a white label on the rear of the transmitter, in the upper left hand corner. The 5 digit number is located at the top, to the left of FC30.

Circle "T" for transmitters, "C" for cards and please be sure to complete the enter phone information so you or your tenant can be programmed into the enter phone. Enter the License Plate number of the vehicle that will be using the Card or Transmitter.

T C # _____ Issued to: _____ License Plate # _____

T C # _____ Issued to: _____ License Plate # _____

T C # _____ Issued to: _____ License Plate # _____

T C # _____ Issued to: _____ License Plate # _____

T C # _____ Issued to: _____ License Plate # _____

Enter phone programming is limited to one name (maximum 13 letters, including spaces, no special characters) and one telephone number per unit. (I.e. SMITH, JONES, NOT SMITH-JONES)

Name (please print): _____ Number: (760) _____

GARDENING INFORMATION

DO YOU HAVE OR WISH TO HAVE ONE OR MORE OF THE FOLLOWING:

_____ FLOWER POTS IN THE COMMON AREA

_____ MALIBU LIGHTS IN THE COMMON AREA

_____ HAVE YOU PERSONALIZED YOUR FRONT COMMON AREA WITH GARDENING PLANTS AND WISH TO MAINTAIN THESE PLANTINGS YOURSELF, WITHOUT THE ASSISTANCE OF OUR LANDSCAPERS?

IF YOU CHECKED ANY OF THE ABOVE, PLEASE CONTACT THE ON-SITE OFFICE AT 760-327-7287 FOR AN AUTHORIZATION FORM. PLEASE REMEMBER THAT ANY ARCHITECTURAL REQUEST OR CHANGE MUST BE PRESENTED TO THE ARCHITECTURAL COMMITTEE PRIOR TO THE COMMENCEMENT OF ANY SUCH ALTERATION.

Signature of Owner: _____ Date: _____