

**EUCALYPTUS GROVE ASSOCIATION OWNER INFORMATION**

**NO CHANGE**

**IF NO CHANGE** From Prior Form submitted to Bartlein & Company, Inc.  
Please Check the Box, Sign on 2<sup>nd</sup> Page & Return



**Please include you unit address**

**PLEASE PRINT**

Please complete the following and return. A response is required by Civil Code Section 4041.

**ADDRESS** **UNIT#**  
**OF PROPERTY:** \_\_\_\_\_ (If Any): \_\_\_\_\_

**Formal Name of**  
**Owner(s)** (Per Deed Or Title): \_\_\_\_\_  
(Owner may be a trust, a corporation, one or more individuals, an estate, etc.)

**DATE OF PURCHASE**  
(OR CHANGE IN OWNERSHIP): \_\_\_\_\_  
Month Day Year

**The Unit/Home Is/Will Be:**  Owner Occupied  Second Home  Rental

Other: \_\_\_\_\_:

**CONTACT**  
**PERSON(S):** \_\_\_\_\_

**Check All**  
**That Apply:**

Phone #'s:  
Home: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ (Whose? \_\_\_\_\_)  
Other: (\_\_\_\_) \_\_\_\_\_ (What? \_\_\_\_\_)

Owner(s)   
Co-Owner(s)   
Trustee(s)   
Corp. Officer(s)   
Represent Estate   
Other:   
\_\_\_\_\_

**ADDRESS TO USE**  
**FOR NOTICES:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate or Secondary Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1<sup>st</sup> E-Mail Address:** \_\_\_\_\_ (Whose? \_\_\_\_\_)

**2<sup>nd</sup> E-Mail Address:** \_\_\_\_\_ (Whose? \_\_\_\_\_)

If offered, would you prefer that newsletters and other correspondence be e-mailed or mailed regular U.S.

Mail?  E-Mail  Regular U.S. Mail

**OCCUPANTS:** If you do not occupy your property, please give us the name, email, and phone number of the occupants:

NAME(S): \_\_\_\_\_  
Phone #'s:  
Home: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ **Status:**  
Renter(s)   
Work: (\_\_\_\_) \_\_\_\_\_ (Whose? \_\_\_\_\_) Relative(s)   
Other: \_\_\_\_\_ Other: \_\_\_\_\_   
Other: (\_\_\_\_) \_\_\_\_\_ (What? \_\_\_\_\_) \_\_\_\_\_   
Email: \_\_\_\_\_ (Whose? \_\_\_\_\_)

**EMERGENCIES:** Please give us the name, address and phone number of someone, *who does not live with you*, whom we may contact in an emergency or your extended absence.

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #'s: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ASSOCIATION ROSTER**

From time to time, the Association may distribute a roster of owners and residents. Please indicate if your information should be included or excluded:

- YES** – Permission is hereby given to include names, addresses, and phone numbers on an Association Roster.
- NO** -- Permission to include names, addresses, and phone numbers on an Association Roster is hereby denied.

**Comments:** \_\_\_\_\_

Signature of Person \_\_\_\_\_  
Completing Form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Please Print Name of Signer

Thank you for your help. Please return this form to us at the address below or scan & email to your Bartlein & Company, Inc. manager. Please feel free to call if you have questions.



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