

PLEASE COMPLETE & RETURN

EUCALYPTUS GROVE OWNERS ASSOCIATION OWNER INFORMATION

Enter Address

You Own: _____

Unit #

(If Any): _____

NO CHANGE

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



PLEASE PRINT

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

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): _____

Phone #'s:

Home: (____) _____ Mobile: (____) _____

Work: (____) _____ (Whose? _____)

Other: (____) _____ (What? _____)

**Check All
That Apply:**

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 _____

1st E-Mail Address: _____ (Whose? _____)

2nd 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**

(OVER)

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: _____ (What? _____) Other: _____
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.



3944 State Street, Suite 200
Santa Barbara, CA 93105
(805) 569-1121
Fax: (805) 682-4341