

RESIDENT UPDATE FORM (page 1 of 2)

PLEASE PRINT. All information provided is confidential to the Association and its Managing Agent. It will not be sold, published or released to anyone outside the Association who does not have a direct purpose in servicing the Association.

Association Name: Creekside Village of Los Gatos HOA

Property Address: _____

List Owners (up to 2 people):

(1) First name: _____ Last _____

(2) First name: _____ Last _____

Owner's Mailing Address: _____

(if an off-site owner) _____

Secondary Address _____

Person Holding _____

Power of Attorney *(if applicable)*

Address for Power of Attorney: _____

Phone numbers allow the Association to contact you in the event of an emergency. E-mail addresses give us an additional communication channel for regular business and allows you secured access to the HOA's website through: www.pas-inc.com.

Owner's Home Phone: _____

Owner (1) Cell Phone _____

Owner (1) E-mail Address _____

Owner (2) Cell Phone _____

Owner (2) E-mail Address _____

If property is a rental, please provide resident names (up to 4 people):

(1) First name: _____ Last _____

(2) First name: _____ Last _____

Professional Association Services, Inc.
42612 Christy Street
Fremont, CA 94538
800-371-5598
Fax: 510-868-2886

Santa Rosa Branch
6572 Oakmont Drive, Suite A
Santa Rosa, CA 95409
707-539-5810
Fax: 707-539-0420

RESIDENT UPDATE FORM (page 2 of 2)

Resident's Home Phone: _____

Resident (1) Cell Phone _____

Resident (1) E-mail Address _____

Resident (2) Cell Phone _____

Resident (2) E-mail Address _____

Please provide information on any vehicles you park within the Community.

1st vehicle: Make: _____ Model: _____

License Plate # _____ Color: _____

Registered owner: _____

2nd vehicle: Make: _____ Model: _____

License Plate # _____ Color: _____

Registered owner: _____

3rd vehicle: Make: _____ Model: _____

License Plate # _____ Color: _____

Registered owner: _____

AUTHORIZATION TO BE INCLUDED IN THE COMMUNITY DIRECTORY:

Please sign below if you wish to authorize your name(s) and home phone number to be included in the Community Directory.

☐

By initialing this box, I authorize the release of our name(s) email address(es) and phone numbers only to other Owners or Residents of the Association.

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Signature of Owner or Agent for Owner

Date

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