

**MOUNTAIN VIEW COMMUNITY HOMEOWNERS ASSOCIATION**

**Emergency Telephone Number & Vehicle Information**

**38625 Calistoga Drive, Suite 200 · Murrieta, CA 92563**

**Tel: 951/296-2272 · Fax: 951/296-2099**

**Please Print**

Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Tenant(s) Name \_\_\_\_\_

Tenant(s) Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Other Emergency Contact Numbers**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Vehicle Information**

**Parking Space # \_\_\_\_\_**

Vehicle #1 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle #2 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle #3 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle #4 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant (If Applicable)**

Above signatures confirm receipt, understanding and agreement to follow the Mountain View HOA parking rules and regulations.