

Montclair Homeowners Association
Resident & Non Owner Resident Form

Please complete this form as an owner/ resident. When leasing, renting or having non-owner residents (occupants) in your unit, please complete this form and return it to the Montclair Homeowners Association, PO Box 812, Palisade, CO 81526.

Owners of Unit: _____

Unit Address: _____

Owner's Resident Address: _____

Home Phone Number: _____ Work Phone Number: _____

Emergency Contact name _____ Phone Number: _____

Pet(s) Breed _____ Name(s) _____

RENTAL or LESSEE INFORMATION

Names of Occupants: _____

Home Phone Number: _____ Work Phone Number: _____

Emergency Contact name _____ Phone Number: _____:

Pet(s) Breed _____ Name(s) _____

Time period of rental agreement: from _____ to _____

Name of Management Company: _____

Management Contact Person: _____ Phone Number: _____

Owners: I acknowledge that I have read the contents of the Montclair Subdivision HOA Website information and agree to comply with said Rules and Regulations.

Date: _____ Owners: _____

Management Company: I acknowledge that I have read and provided information to the Montclair Subdivision HOA Website to the occupants named below.

Date: _____ Representative: _____

Renters: I acknowledge that I have read the contents of the Montclair Subdivision HOA Website information and agree to comply with said Rules and Regulations.

Date: _____ Renters/Occupants: _____