



REGISTRATION FORM

**MONTECITO CDD DATABASE
HOMEOWNER REGISTRATION**

OFFICE USE ONLY

DATE ENTERED _____

ENTERED BY _____

DATE COMPLETED _____ PROPERTY ADDRESS _____
NUMBER STREET ADDRESS

HOMEOWNER INFORMATION (HOMEOWNER 1)

FIRST NAME _____ LAST NAME _____

OTHER NAME (BUSINESS, TRUST, ETC.) _____

PHONE #1 _____ PHONE #2 _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

RESIDENCY: ___ FULL TIME ___ PART-TIME/SEASONAL ___ RENTAL/INVESTMENT PROPERTY

HOMEOWNER INFORMATION (HOMEOWNER 2)

FIRST NAME _____ LAST NAME _____

OTHER NAME (BUSINESS, TRUST, ETC.) _____

PHONE #1 _____ PHONE #2 _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

RESIDENCY: ___ FULL TIME ___ PART-TIME/SEASONAL ___ RENTAL/INVESTMENT PROPERTY

ACCESS CARD REGISTRATION (NEW AND EXISTING)

ACCESS CARD # _____ NEW ACCESS CARD # _____ NEW

PAYMENT

OFFICE USE ONLY

TOTAL # OF NEW FOBS _____

TOTAL AMOUNT DUE \$ _____

PAYMENT RECEIVED BY _____
PRINT NAME HERE

CIRCLE ONE

FORM OF PAYMENT CASH CHECK

IF CHECK, CHECK # _____

SIGNATURE _____