



REGISTRATION FORM
MONTECITO CDD DATABASE
RENTER REGISTRATION

OFFICE USE ONLY

DATE ENTERED _____

ENTERED BY _____

DATE COMPLETED _____ PROPERTY ADDRESS _____
NUMBER STREET ADDRESS

RENTER INFORMATION (RENTER 1)

FIRST NAME _____ LAST NAME _____

OTHER NAME (BUSINESS, TRUST, ETC.) _____

PHONE #1 _____ PHONE #2 _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

LEASING FROM _____ LEASE EXPIRES _____

RENTER INFORMATION (RENTER 2)

FIRST NAME _____ LAST NAME _____

OTHER NAME (BUSINESS, TRUST, ETC.) _____

PHONE #1 _____ PHONE #2 _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

LEASING FROM _____ LEASE EXPIRES _____

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 _____