

# PARK PLAZAS COMMUNITY SERVICES ASSOCIATION

## LOT OWNER INFORMATION FORM

Please complete this form and return it to the Park Plazas Office

Email: [OfficeManager@parkplazas.org](mailto:OfficeManager@parkplazas.org)

Mail: 2801 Rodeo Road, E-1, Santa Fe, NM 8750 Tel: 505-471-8809

### Owner's Name(s) and Address

Date Completed: \_\_\_\_\_

Owner 1 Full Name: \_\_\_\_\_  
Last First M.I.

Owner 2 Full Name: \_\_\_\_\_  
Last First M.I.

Park Plazas Address: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Addresses: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Vehicles: 1. Make/model: \_\_\_\_\_ License #/State: \_\_\_\_\_

2. Make/model: \_\_\_\_\_ License #/State: \_\_\_\_\_

Please list additional vehicles (if any) on a separate page.

### Mailing Address and Contact Information (if different from above)

Address: \_\_\_\_\_  
Street address Unit

\_\_\_\_\_ City State Zip code

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

### Occupancy Information

Please check one of the following:

Owner Occupied

Second Home

Tenant Occupied

**(If Tenant Occupied, please complete required Tenant and Management Company information on page 2)**

### Emergency Contact Information

*(Someone who can respond to a property emergency in your absence)*

Full Name: \_\_\_\_\_  
Last First

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Park Plazas resident?  Yes  No

**Please notify the manager as soon as possible if your emergency contact information changes.**

**Disclaimer: If Park Plazas Community Services Association becomes aware of a property emergency in your absence, an effort will be made to alert your emergency contact. However, Park Plazas assumes no responsibility to provide security for or to maintain a watch on your property at any time.**

## Tenant Information

Full name #1: \_\_\_\_\_  
*Last First M.I.*

Full name #2: \_\_\_\_\_  
*Last First M.I.*

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Vehicles: 1. Make/model: \_\_\_\_\_ License #/State: \_\_\_\_\_

2. Make/model: \_\_\_\_\_ License #/State: \_\_\_\_\_

Please list additional vehicles (if any) on a separate page.

Mailing address and contact information, if different from above:

Address: \_\_\_\_\_  
*Street address Unit*  
\_\_\_\_\_  
*City State Zip code*

**By signing below, the owner(s) certifies that Tenant listed above has received and reviewed the Park Plazas Declaration of Covenants, Conditions and Restrictions, and agrees to abide by them:**

\_\_\_\_\_  
*Printed Name Signature Date*

\_\_\_\_\_  
*Printed Name Signature Date*

## Property Management Company Information (if any):

Company Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If there is an issue with respect to our property, I/we prefer that Park Plazas contact (please select one):

Our Management Company

Owner(s)