



TANOAN COMMUNITY EAST ASSOCIATION, INC.

OWNER AND TENANT REGISTRATION – To BE COMPLETED AND SIGNED BY HOMEOWNER
Complete all items. Do not list “no change” or “same as before” – as we may not have complete and accurate information.

OWNER INFORMATION (Please Print Clearly)

(this is the Owner of the property)

Home Phone:

Property Address:		Owner's Mailing Address (if off-site):	
Owner #1 Name:	Owner #1 Cell Phone:	Owner #1 E-mail::	
Owner #1 Employer:	Owner #1 Work Phone:	Owner #1 Work E-mail:	
Owner #2 Name:	Owner #2 Cell Phone:	Owner #2 E-mail:	
Owner #2 Employer:	Owner #2 Work Phone:	Owner #2 Work E-mail:	
Other Family Members / Residents of the Home:			
Emergency Contact (Name and telephone):			

TENANT INFORMATION (for rental properties) – this form to be completed by the OWNER of the home (Homeowners are responsible for enforcing the rules and regulations of the Association with their tenants. Homeowners must provide the tenant's name, contact numbers, and Property Manager info to the Association.)

Tenant #1 Name:		Tenant #2 Name:	
Tenant #1 Cell Phone:		Tenant #2 Cell Phone:	
Home Phone:	Work Phone:	Email:	
Property Manager Name and Phone:			Emergency Contact for Tenants:

VEHICLE REGISTRATION – List all vehicles driven on property by residents. (Request stickers at Country Club gatehouse).

Vehicle #1

Year	Make	Model	Tanoan East Sticker Number	
Color	Plate #	Issuing State:	Registration Expiration Date:	

Vehicle #2

Year	Make	Model	Tanoan East Sticker Number	
Color	Plate #	Issuing State:	Registration Expiration Date:	

List additional vehicles on back.

GATE INFORMATION

Do you wish to be listed on the gate entry call box directory at the Lowell gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which phone number do you want the call box to use?
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I certify that this information is correct and complete. I received a copy of the Governing Documents for Tanoan Community East Association Inc. at purchase. I agree to comply with all rules and regulations, and to update this information with the Management Company if changes occur.

Owner Signature: _____ **Address** _____ **Date** _____

Please return this form to: HOAMCO

By mail or hand delivery:

10555 Montgomery N.E., Building One, Suite 100, Albuquerque, New Mexico 87111-3872

(between Savoy & El Patron restaurants)

By e-mail: AMcFall@HOAMCO.com

By fax: (505) 293-0217