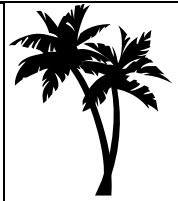




# Los Lagos II Homeowners

ASSOCIATION NO.1  
1700 Montana Vista  
Lake Havasu City, AZ 86403-9399  
www.loslagosvistashoa.com



## OWNER CONTACT INFORMATION

Date \_\_\_\_\_ Bldg. /Unit # \_\_\_\_\_ Street Address \_\_\_\_\_ Lake Havasu City AZ 86403

Owner Name (s) \_\_\_\_\_

Mailing (Billing) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Local landline? \_\_\_\_\_ Primary Residence landline? \_\_\_\_\_

Mobile device numbers: Name \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address (s) \_\_\_\_\_

Pets: Do you own pets? Y / N How many? \_\_\_\_\_ #Cats \_\_\_\_\_ #Dogs (Limit of 2) Breed of dogs \_\_\_\_\_

Vehicles: Make \_\_\_\_\_ License number \_\_\_\_\_; Make \_\_\_\_\_ License number \_\_\_\_\_

Do you own **Recreational Vehicles**? Y / N Please describe \_\_\_\_\_

Do you own any **Boats, or Trailers**? Y / N Please describe \_\_\_\_\_

**Residency:** Do you plan to reside here: Full time / Part time? If Part time, plan to reside approximately \_\_\_\_\_ # Months per year.

What months do you plan to reside here? \_\_\_\_\_

**Renting:** Do you currently use your unit as a rental? Y / N Do you plan to use your unit as a rental in the future? Y / N \_\_\_\_\_

If yes, for what months is it available to rent? \_\_\_\_\_ Do you rent to those with pets? Y / N

Do you use a property manager or rental agency if you rent? Y / N Name of Rental agency: \_\_\_\_\_

Address: \_\_\_\_\_ Ph # \_\_\_\_\_ Name of agent \_\_\_\_\_

I am aware and agree that Tenant Registration Forms must be submitted to the Association each time my unit is rented? Y / N

**Name of Emergency Contact:** \_\_\_\_\_ Ph # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Name of person who has a key to this unit in an emergency:** \_\_\_\_\_ Ph# \_\_\_\_\_

Alternate Ph # \_\_\_\_\_ I agree that this person can provide access to my unit in an Emergency: Y/ N

**Signature of Owner:** \_\_\_\_\_

**OUR ASSOCIATION MANAGER DOES NOT HAVE ENTRY KEYS TO ANY UNITS AT LOS LAGOS VISTAS**

**Please return this form to: Los Lagos Vistas, Attention MARCY, 1700 Montana Vista, Lake Havasu City, AZ 86403**

**Or: [marcyz@loslagosvistashoa.com](mailto:marcyz@loslagosvistashoa.com)**