



Personal Information

Full Name* _____ Date: ____ / ____ / ____
First Last

TSR Address* _____
Street Address Unit-Block-Lot

I am a* Deeded Owner Family of Deeded Owner Legal Representative Emergency Contact

If Deeded Owner* N/A Person Corporation LLC Partnership Trust _____
Corporation/LLC/Partnership/Trust Name

If Legal Rep.* N/A Attorney DPOA (Durable Power of Attorney) Executor Corp. Officer LLC Rep.

Phone* _____ Home Cell If cell, would you like to receive text messages? Yes No

Phone #2 _____ Home Cell If cell, would you like to receive text messages? Yes No

Email _____

Deeded Owners: I would like to receive Association notices to this Email Address*† Yes No

Deeded Owner Information

Occupancy Type* Owner Full Time Owner Part Time Short-Term Rental Long-Term Rental Vacant

Preferred Address* _____
Street Address Apartment/Unit #

City State ZIP Code Country

I would like to receive Association notices to this Mailing Address*† Yes No

Alternate Address _____
Street Address Apartment/Unit #

City State ZIP Code Country

I would like to receive Association notices to this Mailing Address*† Yes No

Email #2 _____

I would like to receive Association notices to this Email Address*† Yes No

† Per California Civil Code Section 4041 and Civil Code Section 4040
 Version 1.0

Designated Legal / Emergency Contacts (Optional)

Legal Contact Attorney Trustee DPOA Executor Corporate Officer LLC Rep.

Full Name _____
First Last

Address _____
Street Address Apartment/Unit #

City State ZIP Code Country

Phone _____ Email _____

Emergency Contact Spouse/Partner Parent Child Friend Other

Full Name _____
First Last

Address _____
Street Address Apartment/Unit #

City State ZIP Code Country

Phone _____ Email _____

Emergency Preparedness (Optional)

Where is electrical panel located?
Which side of house? _____

Where is propane tank located? Above Ground Underground No Tank What side of house? _____

Do you have a generator? Yes No Is it equipped to run automatically? Yes No

How many in the home regularly? _____ I live at The Sea Ranch Part Time Full Time

Individuals with special needs? Yes No

Total # Please briefly describe, e.g. mobility issues, difficulty seeing/hearing

Do you have any pets? Dogs Cats Other

If Other, please describe Total # of each

Do you have a skill or special ability that you would like to share with the community? If yes, what is that skill/ability? _____

Would you like to be contacted by the Disaster Response Volunteer Team to learn more? Yes No

Signature

Signature: _____ Date: _____