Bel Aire Village Homeowners Association Confidential Resident Information Form – 2020

*Information will not be shared. Residents would only be contacted via phone or email in the event of an emergency.

Property Address:	Property Owner(s) Nam	ne(s)	
Email Emergency Contact #() Owner (Family) Occupied? Yes No Property Leased? Yes No ***If property is leased please include complete contact information for the occupant(s). Please Provide the following information if the property is leased, or skip to Household Occupants if owner occupied: Property Management Company	Property Address:	Bel Port Drive #	Owner Primary Phone()
Owner (Family) Occupied? Yes No Property Leased? Yes No ***If property is leased please include complete contact information for the occupant(s). Please Provide the following information if the property is leased, or skip to Household Occupants if owner occupied: Property Management Company	Owner Mailing address	(if different from Property):	
***If property is leased please include complete contact information for the occupant(s). Please Provide the following information if the property is leased, or skip to Household Occupants if owner occupied: Property Management Company Manager (PM) PM Phone #() PM Phone #() PM Email Household Occupant(s): Primary Lessee Spouse/Partner All other Household Occupant(s): Name: Name: Name: Primary Lessee Phone # () Secondary # Resident Occupant has been provided a copy of the CC&R's & Rules and Regulations for the Community?* *This is a requirement. Yes No Vehicle Information: (if you have more than 2 vehicles, please use the back of this page for additional vehicles) Registered State License Plate # Make/Model/Year Make/Model/Year	Email		Emergency Contact #()
Please Provide the following information if the property is leased, or skip to Household Occupants if owner occupied: Property Management Company Manager (PM) PM Phone #() PM Email Household Occupant(s): Primary Lessee Spouse/Partner All other Household Occupant(s): Name: Name: Primary Lessee Phone # () Secondary # Resident Occupant has been provided a copy of the CC&R's & Rules and Regulations for the Community?* *This is a requirement. Yes No Vehicle Information: (if you have more than 2 vehicles, please use the back of this page for additional vehicles) Registered State Registered State License Plate # License Plate # Make/Model/Year	Owner (Fam	nily) Occupied? Yes	No Property Leased? Yes No
Manager (PM) PM Phone #() PM Email Household Occupant(s): Primary Lessee Spouse/Partner All other Household Occupant(s): Name: Name: Primary Lessee Phone # () Secondary # Resident Occupant has been provided a copy of the CC&R's & Rules and Regulations for the Community?* *This is a requirement. Yes No Vehicle Information: (if you have more than 2 vehicles, please use the back of this page for additional vehicles) Registered State Registered State License Plate # Make/Model/Year	-		
PM Email	Property Management	Company	
Primary Lessee	Manager (PM)		PM Phone #()
Primary Lessee Spouse/Partner	PM Email		
All other Household Occupant(s): Name:	Household Occupant(s)	:	
Name:	Primary Lessee		Spouse/Partner
Name: Name: Name:	All other Household Occ	cupant(s):	
Primary Lessee Phone # () Secondary # Resident Occupant has been provided a copy of the CC&R's & Rules and Regulations for the Community?* *This is a requirement. Yes No Vehicle Information: (if you have more than 2 vehicles, please use the back of this page for additional vehicles) Registered State Registered State License Plate # License Plate # Make/Model/Year	Name:		Name:
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Registered State	Resident Occupa	•	
License Plate #	Vehicle Information: (if	you have more than 2 ve	hicles, please use the back of this page for additional vehicles)
Make/Model/Year Make/Model/Year	Registered State License Plate #		Registered State License Plate #

Please Return This Form To:

P&G Association Management 129 W Lake Mead Parkway Suite 16 Henderson NV 89015

Email to Joan.pgam@outlook.com, Fax to 702-202-3910 or U.S. Mail.