

CASCADES RESIDENTIAL OWNERS ASSOCIATION

965 University Avenue, Suite 100 ◊ Sacramento, CA 95825
916 646-6492 admin@michael-n-sons.com Fax 916 646-6502

Occupancy Questionnaire

Pursuant to the Cascades CC&R’s Section 2.6, it is each owners responsibility to inform the Association of all contact information of the owner or current tenant (see attachment). Please return completed questionnaire to Michael & Sons, 965 University Ave. #100, Sacramento, CA 95825 or by fax or e-mail.

- 1. Property Owner(s): _____
 Owners Address: _____
- 2. Property Address: _____
- 3. Telephone #: _____
- 4. E-mail Address: _____
- 5. Will this home be your: Primary Residence: _____
 Secondary Home: _____
- Rental Unit: _____

6. If this property is a rental please provide the name(s) & contact numbers for renter(s). (Please provide your renters a copy of the CC&R’s and provide the Association with a copy of the lease rental agreement)

7. Please list all vehicles belonging to residence (year, make, license# model & color)

Thank you for your time in completing this questionnaire. If you have any questions please do not hesitate to contact us at 916-646-6492.

Respectfully,

Your Board of Directors

NOTE: Changes in property occupancy need to be reported to this office so we can properly update our records.