

DESERT SHORES RACQUET CLUB HOMEOWNERS ASSOCIATION  
RESIDENT INFORMATION FORM

Please take a moment and provide the following information and return the form to FCCMI. This information is required to contact you or your tenant in the case of an emergency.

Unit Address: \_\_\_\_\_

Mailing address, if not resident on site: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**LEGAL OWNER(S) INFORMATION**

NAME	HOME PHONE#	WORK PHONE#

Is the unit rented or leased? (Yes/No) \_\_\_\_ If yes, please provide the following along with a copy of lease agreement and/or property management agreement:

PROPERTY MANAGER NAME	CELL PHONE#	WORK PHONE#

TENANTS NAME	HOME PHONE#	WORK PHONE#

**Name and age of any child resident**

NAME	AGE	NAME	AGE

**Name, type and description of any pets**

NAME	TYPE	DESCRIPTION

**VEHICLES**

Please list information on the vehicles that will be garaged or parked within the complex

YEAR	MAKE	MODEL	LICENSE	REGISTRATION	SPACE

**EMERGENCY TELEPHONE #**

NAME	RELATIONSHIP	PHONE#

Email Address: \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this form to: FCCMI P.O. Box 28759 LAS VEGAS, NV 89126-2759 ~ or fax to 702-365-6761**