

CASITAS AT MORNINGSTAR RESIDENT INFORMATION

Residents Name(s): _____ Unit # _____

Email: _____ DOB: _____

Home: _____ Cell: _____

PLEASE PLACE * BY THE PHONE NUMBER YOU WOULD LIKE USED FOR THE DRIVE THRU GATE SYSTEM

Names and Relationship of All Persons Residing IN the Unit:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

In Case of Emergency, Notify:

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Vehicle Make, Model, Color, License Plate and State

*****Maximum of 2 vehicles per unit per HOA Regulations*****

Make: _____ Model: _____ Year: _____ Color: _____ St: _____ Lic # _____

Make: _____ Model: _____ Year: _____ Color: _____ St: _____ Lic # _____

*****Additional vehicles are \$25/mo. Due on the 1st of each month by check/money order**

Paid to The Casitas at Morningstar Homeowner's Association ***

Make: _____ Model: _____ Year: _____ Color: _____ St: _____ Lic # _____

HOA Office: 575-532-9416 Email: hoamanager@firstvalleymanagement.com

Leasing Office: (575) 522-4524 Email: casitasleasing@firstvalleymanagement.com