

**PORTOLA COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.
RESIDENT INFORMATION**

Name of Homeowner(s): _____

Portola Country Club Homeowners Association, Inc.

Address: _____ Home Phone: _____

Mailing Address: _____ Other Phone: _____

(if different)

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Person(s) to contact in the event of an Emergency

Person To Be Notified: _____ Phone: _____

Address: _____ Does This Person Have a Key? Yes No

Alarm Company Name: _____ Phone: _____

If Your Home is Listed For Sale, Please Complete This Section

Realtor's Name: _____ Phone: _____

Mailing Address: _____

If Your Home is Being Leased/Rented, Please Complete This Section

Occupant's Name(s): _____ Phone(h): _____

Lease Term: _____ Phone(w): _____

(Please Provide Copy of Lease)

Leasing Agent's Name: _____ Phone: _____

Please return the completed information form to: Portola Country Club Homeowners Association,
42-500 Portola Avenue
Palm Desert, CA 92260

X _____
Signature

X _____
Date