

DESERT SHADOWS RV RESORT HOA OWNER'S INFORMATION
69801 RAMON RD
CATHEDRAL CITY CA 92234

PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH WILL BE KEPT CONFIDENTIAL IN YOUR OWNER'S FILE AND USED IN OUR DIRECTORY (IF YOU DO NOT WANT THIS INFORMATION IN THE DIRECTORY PLEASE NOTE THAT). PLEASE RETURN TO THE DESERT SHADOWS RV RESORT OFFICE BY JULY 31. THANK YOU. FAILURE TO SUBMIT COULD RESULT IN FINES PER DSRV R&R'S 9.2.1!!!

I WANT MY INFORMATION IN THE DIRECTORY YES / NO ANNUAL OR SEASONAL RESIDENT
(MUST CHECK ONE)*

LOT (S) NUMBER _____

1. LAST NAME: _____ FIRST NAME _____ DIRECTORY NAME _____

PHONE # _____ Date of Birth _____ PLACE IN DIRECTORY YES / NO

EMAIL ADDRESS: _____ PLACE IN DIRECTORY YES / NO

2. LAST NAME: _____ FIRST NAME _____ DIRECTORY NAME _____

PHONE # _____ Date of Birth _____ PLACE IN DIRECTORY YES / NO EMAIL

Email ADDRESS: _____ PLACE IN DIRECTORY YES / NO

WINTER ADDRESS: _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____

SUMMER ADDRESS: _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____

EMERGENCY CONTACT INFORMATION (FAMILY, FRIEND OR P.O.A. ETC. NOT SPOUSE)

NAME: _____ RELATION: _____ PHONE # () _____ - _____

NAME: _____ RELATION: _____ PHONE # () _____ - _____

VEHICLE INFORMATION

VEHICLE MAKE _____ MODEL _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ LICENSE PLATE # _____

RECREATIONAL VEHICLE SIZE _____

*I have read the DSRV Rules & Regulations, the restated CC&Rs dated 03/23 and Bylaws and agree to adhere to them. I hereby declare that the above-mentioned details are true and correct to the best of my knowledge. _____ / _____

