



THE ENCLAVE  
AT GALEWOOD CROSSINGS

2020 Census Form

Unit Address:	Unit # 2	Lot #:
	Owner	Tenant
Name :		
Address		
Phone - Home		
Phone - Other		
Email:		

**List All Occupants:**

1	5
2	6
3	7
4	8

Pets? Yes \_\_\_ No \_\_\_ Description: ALL PET MUST BE REGISTERED ON PET FORM

**If we cannot contact you in case of emergency, who should we call?**

Name : \_\_\_\_\_

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

Phone: \_\_\_\_\_

Home Owner Insurance Name and Policy Number (Please attached copy of Attached Certificate of Insurance)

Name : \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Call Box #: \_\_\_\_\_ (3 digit number)

Fob Serial #: \_\_\_\_\_ (5 digit number)

Clicker #: \_\_\_\_\_

Please enclose the following items:  
 Home Owner Certificate of Insurance

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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2020 Vehicle Permit Request Form  
RESIDENT

Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Lot #: \_\_\_\_\_  
Owner

Name :	Temporary Permits Number Need* 1 <i>*Temporary Permits are sold in pack of 10</i>
Address	
Phone - Home :	
Phone - Other :	
Email :	

List All Vehicles belonging to the Resident's Unit:

Make	Model	Color	Year	License Plate

Auto Insurance Name and Policy Number (Please attached copy of Certificate of Insurance or Insurance Card)

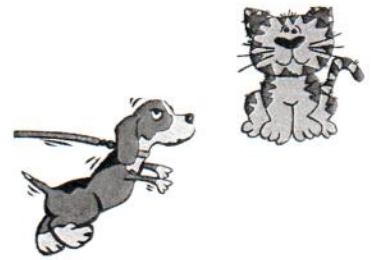
Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Please enclose the following items:

- Certificate of Insurance or Insurance Card for each Resident Permit Requested
- Processing Fee for requested permits and Fobs (you may pay this online and include copy of payment receipt)
  - Resident Permits first 2 FREE additional permits \$15 each (for 2020); REPLACEMENTS \$25
  - Temporary Parking Permits are \$15 per pack (for 2020)
  - Guest Permit Parking Plastic Tags first 2 FREE (for new homeowner ONLY); REPLACEMENT \$30
  - FOBS first 2 FREE (for new homeowner ONLY); REPLACEMENT \$30

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2020 Pet Registration Form

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

Owner: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone – Home: \_\_\_\_\_  
 \_\_\_\_\_

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

**List Pets (DOGS and CATS) belonging to the Resident's Unit:**

DOG/CAT	Name	Breed	Color	Size	Age	PET PERMIT TAG
1						
2						
3						
4						
5						
6						

**Please attached copy of Certificate of Vaccinations for each Pet**

Please enclose the following items:

- Certificate of Vaccinations
- Pet Permit Tags *FREE* for each pet listed: REPLACEMENTS \$5

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Is this the first time you are registering your pet?  YES  NO

Do you need replacement tags?  YES  NO

## AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS AUTOMATED CLEARING HOUSE (ACH) TRANSACTIONS

Name of Association \_\_\_\_\_  
 Homeowner \_\_\_\_\_ Unit \_\_\_\_\_  
 Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
 (Please Print)

I (we) hereby authorize HILLCREST PROPERTY MANAGEMENT, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_ Checking Account / \_\_\_ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository  
 Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Account  
 Number \_\_\_\_\_ Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received **written notification** from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date \_\_\_\_\_ Signature \_\_\_\_\_

***A voided check from the authorized account referenced above must be attached.***

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

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For Office use only:			
RCVD _____	ENTERED _____	1 <sup>ST</sup> MONTH _____	
UNIT # _____	ASSM \$ _____	INIT _____	
NEW _____	CHANGE OF INFO _____		