



NIGUEL SHORES COMMUNITY ASSOCIATION OWNER INFORMATION DECLARATION

“MEMBER/OWNER”: *Individual(s) listed on the property deed/ title
A copy of the recorded/notarized deed reflecting trust ownership must be submitted for properties held in trust.*

“HOUSEHOLD MEMBER”: *Any individual residing on the property full-time but is not listed on the property deed/title*

FOR OFFICE USE ONLY:

DATE: _____ TRACT / LOT: _____ / _____

MEMBER/OWNER: _____

TRUSTEES if applicable: _____

NCSA ADDRESS: _____

HOME PHONE: () _____ - _____ ALT. PHONE: () _____ - _____

EMAIL ADDRESS: _____

I PREFER TO RECEIVE ASSOCIATION CORRESPONDANCE VIA EMAIL (email address above)

RESIDENT OWNERS RESIDING IN NIGUEL SHORES FULL-TIME

RESIDENT OWNERS NOT RESIDING IN NIGUEL SHORES FULL-TIME

MAILING/ALTERNATE ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____ - _____ () _____ - _____

ALTERNATIVE CONTACT INFORMATION: *Any person who can be contacted in the event of the owner’s absence
(Power or Attorney, legal representation, family member, etc.)*

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____ - _____ () _____ - _____

HOUSEHOLD MEMBER: *Only individuals residing full-time on the property will be acknowledged as residents*

_____/_____
_____/_____
_____/_____

MARINER GATE CALL IN CODE:

(Must be at least 6 characters with either numbers or letters or a combination): _____

