

# Stoneridge at Mission Viejo Community Association

## Entrance Registration and Acknowledgement of Restrictions

(Form must be completed in full detail to replace preceding form)

### RESIDENTS NAME (S)

1. \_\_\_\_\_ 4. \_\_\_\_\_ Address \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_ Phone # \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_ Business # \_\_\_\_\_

RESIDENT'S CODE NAME \_\_\_\_\_ (No more than 15 letters or numbers)

**OWNER'S NAME (S)** \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Business # \_\_\_\_\_

### UNLIMITED ACCESS – GUESTS

If there are more than nine (9) names to be admitted with unlimited access, please list on a separate sheet. List individual names rather than Mr. & Mrs.

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

### LIMITED ACCESS – SERVICE PEOPLE/COMPANIES

Have limited access from 6am to 6pm daily. Please specify individual names as well as company name.

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

### VEHICLE REGISTRATION

Resident vehicles only.

YEAR	MAKE, MODEL, AND COLOR	LICENSE PLATE #	<i>For Office Use Only</i> DECAL # ISSUED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

COMMENT/SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE UNDERSIGNED AGREES TO UPHOLD THE PROVISIONS SET FORTH IN THE COVENANTS, CONDITIONS, AND RESTRICTIONS (CC&R'S), RULES & REGULATIONS AND ALL PARKING AND TRAFFIC LAWS.

\_\_\_\_\_  
RESIDENTS SIGNATURE                      PRINT NAME                      DATE

RETURN FORM TO:  
Boyd & Associates  
6319 Colfax Avenue  
North Hollywood, CA 91606  
Fax: 714/835-5641

(Form will be returned to Resident if not completed correctly, dated and signed.)