Rancho Highlands Key Fob Receipt

I	hereby	acknowledge the following (in	itial):
Key fob I will rep	replacements are \$50.00 if lo	MEDIATELY to the Associate	tion Management
	neowner norized Family Member		
Signed	eiving key	Date	
1 015011 100	iring no		
Print Name _	n receiving key		
Person	n receiving key		
Property Add	ress		
******	********	*********	******
	Of	fice Use Only	
Key Fob #	Date Issued:	Issued by:	
Pickup Certif	fied Mail (\$7 for postage fron	n homeowner needed) Chec	k #/Amount
If above po			
I	Lease Agreement received		

Rancho Highlands HOA RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

This form must be completed, initialed, and signed by the Homeowner(s) on title or Tenant(s) on lease agreement.

(Last)	(First)	(Last)	(First)	
(Property Address)				
(Email Address)				
(Home Phone)		(Work Phone)		
I (we) understand that stolen key fobs will be		f \$50.00 will be required t	to replace any lost or stolen key fobs, a	nd that lost or
guests that the use of a recreational areas, swir serious injury to a pers	areas operated by Ranch mming pools and spa, re son undertaking these ac athletic or recreational	no Highlands HOA, includes trooms and shower, tot ctivities or using these ath	any other persons residing in my house ding but not limited to all landscaped a lot, and landscaped areas, involve a po- letic and recreational facilities. I FULL e, can be hazardous and that it can lead	and otential risk of LY
TO ASSUME THE IT guests by participating	NHERENT RISKS of print in activities on the facil	potential injury to which I	rsons residing in my house, and my gu am voluntarily exposing myself, my fa s HOA, and that I HAVE RECEIVEI Highlands HOA.	amily and my
HIGHLANDS HOA,	its officers and director e intentional wrongful a	s, agents (excluding indep	NIFY AND HOLD HARMLESS RA bendent contractors), and/or employee egligence of myself, my family, and/or	es, from
I HAVE READ ANI	D AGREE TO THE I	FOREGOING:		
(Signature)			(Date)	
(Print Name)				
		(Initial)		

RANCHO HIGHLANDS HOA TENANT & PROPERTY MANAGEMENT REGISTRATION & AUTHORIZATION FORM

43529 Ridge Park Dr, Temecula CA 92590 ● 951-699-2918 ● Fax 951-699-0522

	<u>NFORMATION</u>
Owners on Grant Deed:	
Property Address:	
Mailing Address:	
Homeowner Tel.: C	ther Tel.:
Email Address:	
****************	****************
PROPERTY MANAGEMENT IN	NFORMATION (If Applicable)
Property Management Company:	
Business Tel.: Email:	
, (print homeowner name) Management Company to act on my behalf and to discuss all aspe	
Homeowner Signature	Date
TOI LID	
######################################	
***************************************	**************************************
**************************************	**************************************
*************************************	**************************************
**************************************	**************************************
**************************************	**************************************
**************************************	**************************************
**************************************	******************* FION (If Applicable) er Tel.:
**************************************	******************** FION (If Applicable) er Tel.: **ease Agreement* **********************************
**************************************	******************* FION (If Applicable) er Tel.: ***********************************

If there are tenants and/or a property management company, the homeowner must fill out this form completely and mail it to the above address, or send via email to:

Temecula@AvalonWeb.com