



**VUE HOMEOWNERS' ASSOCIATION
RESIDENTIAL OWNER/TENANT INFORMATION FORM**

FOR EXISTING OWNER OR TENANT

DATE SUBMITTED: _____

UNIT # _____

NAME: _____

Only make notations for those items you would like changed or deleted.

OWNER NAME _____

TENANT NAME _____

BILLING ADDRESS _____

PHONE: HOME _____

CITY _____ STATE _____ ZIP _____

MOBILE _____

PHONE: HOME _____

WORK _____

MOBILE _____

E-MAIL _____

WORK _____

FAX _____

EMAIL _____

FAX _____

Please send your completed form to:

Vue Homeowners' Association
c/o Management Office
255 W 5th Street
San Pedro, CA 90731-3303
F: (310) 519-1249

GUEST CALLBOX DIRECTORY INFORMATION:

NAME (as you would like it to appear) _____

PHONE _____