

# EL DORADO WAY CONDOMINIUM ASSOCIATION

## OWNER CHANGE OF ADDRESS FORM

Within thirty days after any change in an owner's mailing address, the owner (whether one or more) must submit this form to the Association. *SEE RULE 2.4 OF THE ASSOCIATION'S RULES AND REGULATIONS*). THIS FORM MUST BE FILLED OUT FULLY AND COMPLETELY, AND MUST BE DATED AND SIGNED. PLEASE PRINT OR TYPE (EXCEPT SIGNATURES). **MAIL OR DELIVER COMPLETED FORM TO ON-SITE MANAGER'S OFFICE.**

1. NAME OF OWNER: \_\_\_\_\_ Unit No. \_\_\_\_\_  
Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
NAME OF CO-OWNER (if applicable): \_\_\_\_\_  
Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-Mail – list for each owner: \_\_\_\_\_
2. CURRENT ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. NEW ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. New Address effective \_\_\_\_\_ (state date which may not be less than 5 business days after receipt of this form by Association)

**CERTIFICATION:** We, the undersigned, hereby certify that each has received copies of, and agrees to abide by, the Association's condominium declaration, bylaws, rules and regulations and all other governing documents, and all decisions and directives of the Board of Directors, and that all information contained herein and attachments hereto are true and correct.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Unit Owner)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Co-Owner, if applicable)

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FOR ASSOCIATION USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_