



AMERICANA GARDENS HOMEOWNERS ASSOCIATION
HOMEOWNER INFORMATION FORM

Owner Name(s): _____

Association Address: _____ Palm Springs, CA 92262

Mailing Address (if different from above):

Phone Number(s) -

Home Phone: _____

Cell Phone: _____

Cell Phone2: _____

Other Phone: _____

Email Addresses:

_____ @ _____

_____ @ _____

Emergency Contact Information -

Name: _____

Telephone: _____

If your unit is rented, please complete the section below:

Tenant Name(s): _____

Tenant Phone Number(s): _____

Rental Agency: _____

Agency Phone: _____

Agency Email: _____

Check here if you would like to Opt-Out from the Association's Membership Directory

Pursuant to Civil Code 5220, and any successor statute, I hereby exercise my right to opt-out of sharing my name, property address, mailing address, email address, or any of my personal information with any other member of the Association. I prefer to be contacted by an alternative process as described in Corporations Code 833(c). This opt-out shall remain in effect until changed by me or my legal representative.

Please complete and return this form to:
Premier Community Association Management
40004 Cook St., Suite 5
Palm Desert, CA 92211

