Capitola Knolls Homeowner's Association
Property Update Form

Please complete and return to: **Capitola Knolls**
c/o Shoreline Property Management,
1100 Water St. Suite 2A, Santa Cruz, CA 95062

Section 1.
Knolls Property Address: _____

Owner's Name(s): _____

This is my/our:

Primary address ☐ Home phone: (___)_____ Work Phone: (___)_____
Email: _____

Second home ☐ *Complete "**Section 2**" below.*

Rental ☐ *Complete **"Section 2 & 3"** below.*

Section 2. If a rental or second home, please complete the following:

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____ email:_____

Section 3. If a Rental, complete the following:

Renter's name(s): _____

Home Phone: _____ Work Phone: _____ email:_____

Vehicle(s), make & license number(s) _____

Property Manager (if applicable):

Name: _____ email: _____

Address: _____ Phone: (___)_____

City: _____ State: _____ Zip: _____