

Westview Estates Homeowners Association

New Residents Intake Form

(INITIAL each item and sign at bottom of page)

_____ I acknowledge that I have received the By-Laws, Covenants, Conditions, and Restriction and Resolutions covering the Westview Estates subdivision and will abide thereby.

_____ I acknowledge that, as owner of property Westview Estates, I am automatically a member of the Homeowners Association and required to pay annual dues by January 15th each year in the amount prescribed by the Association By-Laws as may be amended.

_____ I acknowledge that all homes in this subdivision are subject to rental restrictions and may not be rented with out application to, and approval of, the HOA Board of Directors.

_____ I acknowledge that, if not received, all governing documents of the HOA are available www.westviewestatesha.org

OWNER Information:

My Westview property address is: _____

My Mailing address (if different) is: _____

My Phone #: _____, Email Address: _____

Employer _____ Spouse Employer _____

Bank/Branch _____ Address _____

Pets owned: _____ Dog(s) Breed/color _____ Cat(s) Breed/color _____

_____ I wish to receive the Newsletter at e-mail address _____

_____ I wish to be listed in the Westview Estates Phone Directory _____ yes _____ no , My Phone # _____

Name(s) to be included _____, _____

In Case the Association is made aware of an emergency, do you wish us to contact anyone _____ yes _____ no

Contact _____, Relationship _____ Phone# _____

Signature: _____ **Date** _____

Return to: Westview Estates HOA PO Box 5681, Salem, OR 97304

Rev: March 22, 2018