

**Westview Estates Homeowners Association**

**New Residents Intake Form**

**I acknowledge that:** *(initial each item)*

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

\_\_\_\_\_ 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.

\_\_\_\_\_ All homes in this subdivision are subject to rental restrictions and may not be rented without application to, and approval of, the HOA Board of Directors.

\_\_\_\_\_ If not received, all governing documents of the HOA are available [www.westviewestatesha.org](http://www.westviewestatesha.org)

**OWNER INFORMATION:**

Name(s) [please print]: \_\_\_\_\_

Westview property address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone #1: \_\_\_\_\_, Email Address 1: \_\_\_\_\_

Phone #2: \_\_\_\_\_, Email Address 2: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Pets owned: \_\_\_\_\_ Dog(s) Breed/color \_\_\_\_\_

Cat(s) Breed/color \_\_\_\_\_

\_\_\_\_\_ I wish to be listed in the Westview Estates Phone Directory. My Phone # \_\_\_\_\_

Name(s) to be included \_\_\_\_\_, \_\_\_\_\_

**EMERGENCY CONTACT**

In case an emergency, do you wish us to contact anyone else? \_\_\_\_\_ yes \_\_\_\_\_ no

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Rev: October, 2023