



City of Santa Clara

MAINTENANCE RESPONSIBILITY CONTACT INFORMATION

OWNER/COMPANY NAME		ASSESSOR'S PARCEL NUMBER
CONTACT NAME, TITLE	DAYTIME TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
PROPERTY NAME & ADDRESS	PROPERTY TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Other _____	
STREET ADDRESS OR PHYSICAL LOCATION OF PROPERTY	CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)	CITY, STATE, ZIP CODE	
<p>Will Owner or Owner Representative maintain the subject Property?</p> <input type="checkbox"/> YES, skip the HOA or Property Management section below and sign the Form <input type="checkbox"/> NO, complete the HOA or Property Management section and sign the Form		
HOMEOWNERS ASSOCIATION or PROPERTY MANAGEMENT COMPANY NAME		
CONTACT NAME, TITLE	DAYTIME TELEPHONE NUMBER	
MAILING ADDRESS	CITY, STATE, ZIP CODE	
EMAIL ADDRESS	ALTERNATE TELEPHONE NUMBER	

Signature of Property Owner or Authorized Representative

Date

Name of Property Owner or Authorized Representative

Email Address