Four Seasons at Westshore Community Association
Homeowner Information Sheet

Date: _____

Property Address: _____Sacramento, CA 95834

Name: _____
Phone: _____ Alt Phone: _____
Email: _____

Name: _____ Relationship:_____
Phone: _____ Alt Phone: _____
Email: _____

Name: _____ Relationship:_____
Phone: _____ Alt Phone: _____
Email: _____

Vehicles

Year: _____ Make _____ Model _____ Color _____ License # _____
Year: _____ Make _____ Model _____ Color _____ License # _____
Year: _____ Make _____ Model _____ Color _____ License # _____

Pets

Name:_____ Breed:_____ Tag/License #(s)_____
Name:_____ Breed:_____ Tag/License #(s)_____
Name:_____ Breed:_____ Tag/License #(s)_____

Emergency Contact

Name: _____ Relationship:_____
Phone:_____ Email:_____
Name: _____ Relationship:_____
Phone:_____ Email:_____

FOR OFFICE USE ONLY

PAC:_____ Gate Remote_____ Gate Remote_____ Gate Remote_____
Vehicle Decal:_____ Vehicle Decal:_____ Vehicle Decal:_____
Key Card:_____ Key Card:_____ Key Card:_____
Guest Passes:_____ Guest Passes:_____

Please return form to: Four Seasons at Westshore
4200 Hovnanian Drive
Sacramento CA 95834

20260128 RAS