



CITY of CALABASAS

HOA CONTACT UPDATE FORM

HOMEOWNERS ASSOCIATION NAME: _____

PROPERTY MANAGER/COMPANY: _____

MAILING ADDRESS: _____

CITY/STATE & ZIP: _____

PHONE NUMBER: _____

FAX: _____

EMAIL: _____

You may make my information available on the City's website (please check one): Yes No

HOA PRESIDENT NAME: _____

HOA PRESIDENT ADDRESS: _____

CITY/STATE & ZIP: _____

PHONE NUMBER: _____

FAX: _____

EMAIL: _____

You may make my information available on the City's website (please check one): Yes No

MONTH OF BOARD REORGANIZATION: _____

WHEN ARE BOARD/GENERAL MEMBERSHIP MEETINGS HELD? _____

PLEASE MAIL NOTICES TO (CHECK ALL WHO APPLY):

MANAGER HOA PRESIDENT OTHER (PLEASE SPECIFY) _____

Please fax your form to (818) 225-7324 or email to akrdilyan@cityofcalabasas.com. Thank you!