

OWNER INFORMATION FORM

Community Name: _____

In order for the Association to effectively manage the community and improve communication with owners and residents, current contact information is needed.

Please complete this form and submit it to Management:

Via email to: Contact@ManagementSolutionsNW.com

Fax: (888) 620-2842

Mail to: Management Solutions, NW
17404 Meridian E, Ste F, PMB 228
Puyallup, WA 98375



Property Address: _____

Contact Information:

Owner Name(s): _____

Owner Email(s): _____

Contact Phone 1: _____ Cell Home Work Other: _____

Contact Phone 2: _____ Cell Home Work Other: _____

Contact Phone 3: _____ Cell Home Work Other: _____

In case of Emergency, please contact: _____ Ph: _____

Email: _____ Relationship to Owner: _____

Owner lives: In residence indicated above Off-site

Owners Alternate Mailing Address: *(If other than property address described above)*

_____ **City/State:** _____ **Zip:** _____

Tenant Contact Information: Please list all adult residents [If Off-Site Owner]

Tenant Name(s): _____

Tenant Email(s): _____

Contact Phone 1: _____ Cell Home Work Other: _____

Contact Phone 2: _____ Cell Home Work Other: _____

Contact Phone 3: _____ Cell Home Work Other: _____

Property Manager (if applicable): _____

Rental Disclosures *(If Applicable):*

All lease/rental agreement terms shall be subject in all respects to the provisions of the Declaration, Bylaws, Rules and Regulations and Policies of the Association.

Tenant has been provided with copies of appropriate governing documents concerning use restrictions, maintenance, etc.

Signed: _____ Date: _____

OWNER or OWNERS AGENT