

ASSOCIATION NAME: _____

RETURN DEADLINE: _____

HOMEOWNER CONTACT INFORMATION:

Property Address: _____ City: _____ State: **Oregon** Zip: _____

Owner Mailing Address: (if different) _____ City: _____ State: _____ Zip: _____

Owner Name 1: _____	Email Address: _____
Owner 1 Home Phone: _____	Cell Phone: _____ Work Phone: _____

Owner Name 2: _____	Email Address: _____
Owner 2 Home Phone: _____	Cell Phone: _____ Work Phone: _____

Primary/Preferred Email Address: _____

Emergency Contact Person: _____	Emergency Contact's Phone: _____
<i>YOUR EMERGENCY CONTACT PERSON IS SOMEONE WHO HAS A KEY TO YOUR HOME OR WHO CAN GAIN ACCESS TO IT IN AN EMERGENCY</i>	

Property Insurance Company: _____	Agent Name: _____	Phone: _____
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If you live off-site please indicate whether this property is normally occupied by family members or is a rental.

Rental ___ (Please fill out tenant information below) Family Occupied ___ Vacant ___

FOR RENTALS ONLY STATEMENT OF UNIT OCCUPANCY INFORMATION

Please provide the following for all adult persons who are tenants in the unit address above:

Names of Tenants (Renter)	Cell/Home Phone	Work Phone	Emergency Contact Name	Emergency Contact Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Email1: _____ Email2: _____ Email3: _____

If you use a Property Management Company for your rental:			
Company Name: _____	Agent's Name: _____	Office Phone: _____	Fax: _____
Mailing Address: _____	Email Address: _____		

VEHICLE REGISTRATION INFORMATION FOR OWNER AND/OR THEIR TENANTS WHO PARK AT THE PROPERTY:

Name of Owner/Renter	Make	Model	Year	Color	License Plate Number

Complete and return to: Superior Community Management, PO Box 4585, Tualatin, OR 97062
Fax: 503-684-1834 E-mail: info@superiorcommunity.com