

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: _____

YOUR EMERGENCY CONTACT PERSON IS SOMEONE WHO HAS A KEY TO YOUR HOME OR WHO CAN GAIN ACCESS TO IT IN AN EMERGENCY

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: _____

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