

Port Gardner Property Management  
Resident Information Sheet: **GARDEN GROVE CONDOMINIUMS**

**Date:** \_\_\_\_\_ Please Print    Return within 15 Days

**Property Address:** \_\_\_\_\_ **Everett WA 98204**

Owner Occupied: **Yes** \_\_\_\_\_

Owner Occupied: **No** \_\_\_\_\_ ***Copy of the Lease Agreement/Background check must be attached***

Has Tenant/Renters(s) received a copy and read the Rules & Regulations? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Owner Information:**

**Owner Name(s):** \_\_\_\_\_

**Cell #(s):** \_\_\_\_\_ / \_\_\_\_\_ **Home #(s):** \_\_\_\_\_ / \_\_\_\_\_

**Work #(s):** \_\_\_\_\_ / \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Owner Mailing Address if different than above:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Tenant Information:** (If applicable) Use Back of Document to write if needed.

**Tenants/Renters Names & Phone Numbers: Total # of Occupants** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Vehicles Parked at Garden Grove:** Use Back of Document if needed. **Total # of Vehicles** \_\_\_\_\_

Year \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Make/Model \_\_\_\_\_ License \_\_\_\_\_

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Year \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Make/Model \_\_\_\_\_ License \_\_\_\_\_

**Pet Information:** Use Back of Document to write if needed. **Total # of Pets** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Species** \_\_\_\_\_ **Color** \_\_\_\_\_ **LBS** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Species** \_\_\_\_\_ **Color** \_\_\_\_\_ **LBS** \_\_\_\_\_

RETURN COMPLETED FORM TO:  
**PORT GARDNER MANAGEMENT PO BOX 1007, EVERETT WA 98206**  
*Remember to Attach Lease Agreement Copy if Applicable*  
**Phone: 425-339-1160    Fax: 425-303-0257**