

ASSOCIATION NAME: _____

DEADLINE TO RETURN: _____

HOMEOWNER AND TENANT CONTACT INFORMATION AND DECLARATION

HOMEOWNER INFORMATION:

PRINT ALL INFORMATION EXCEPT SIGNATURE

Owner Name(s): _____ Home Phone: _____

Work Phone Number(s): _____ Cell Phone: _____

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

Mailing Address (if different from unit, **ALL NOTICES WILL BE SENT TO THIS ADDRESS**):

_____ City: _____ State: _____ Zip: _____

Preferred Email Address: _____ Preferred Fax: _____

Emergency Contact Person: _____ **Emergency Contact's Phone:** _____

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

Property Insurance Company: _____ Phone Number: _____

Agent: _____ Phone Number: _____

TENANT INFORMATION (Renters)

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

Names of Tenants (Renter)	Home Phone Number	Work Phone Number	Cell Phone Number	Emergency Contact Name & Phone Number

VEHICLE REGISTRATION INFORMATION FOR OWNER AND/OR THEIR TENANTS:

Make	Model	Year	Color	License Plate Number

I hereby declare that the above statement is true to the best of my knowledge and belief.

SIGNATURE (**required**): _____ Date: _____

PRINT NAME: _____

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

FOR PROPERTY MANAGEMENT COMPANY USE ONLY

Agent's Name: _____ Office Phone: _____ Cell Phone: _____ Fax: _____

THIS INFORMATION IS FOR OFFICIAL BUSINESS OF THE ASSOCIATION AND ITS USE FOR ANY OTHER PURPOSE IS EXPRESSLY PROHIBITED.