

Owner and Resident Registration Form

Association name: _____

Owner(s) name(s): _____ Lot/Unit #: _____

Property address: _____

Owner telephone number(s) Home: _____ Cell: _____

Email address: _____

Owner mailing address, if different from property: _____

Emergency Contact Information:

Name: _____ Phone #: _____

E-mail address: _____

Relationship to owner: _____

Is this property a rental? YES ___ NO ___ if yes, please provide the following:

Renter(s) Name: _____

Phone #: _____ Alternate Phone #: _____

Renter's Email: _____

Lease Term – Start Date: _____ Was renter provided all rules: YES ___ NO ___

Property Manager? Company Name: _____

Contact: _____ Phone #: _____

Email: _____

Vehicle info – Make/Model: _____ Lic Plate: _____

Color: _____ Space #: _____

Vehicle info – Make/Model: _____ Lic Plate: _____

Color: _____ Space #: _____

Pet info (if applicable) – Type: _____ Breed: _____

Color: _____ Weight: _____

Pet info (if applicable) – Type: _____ Breed: _____

Color: _____ Weight: _____

Please return to: **Community Association Partners, PO Box 2429, Beaverton, OR 97075**

Fax: 503-546-3401; Email: info@capartners.net