



Owner and Resident Info Form

Association name: _____

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

Property address: _____

Owner telephone numbers – Home: _____ Work: _____ Cell: _____

Email address: _____

Owner mailing address, if different from property: _____

Is this property a rental? YES _____ NO _____ If yes, provide the following:

Renter Name and Email: _____ Phone #: _____

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

Vehicle(s) info – Make/Model: _____ Lic Plate: _____

Color: _____ Space #: _____

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

Color: _____ Weight: _____

Emergency Contact Information:

Name: _____ Phone #: _____

E-mail address: _____

Relationship to owner: _____

Do you need evacuation assistance in case of emergency? YES _____ NO _____

Please provide the following mortgage information (as required by many lenders):

Mortgage company: _____

Mortgage account #: _____

Mortgage co. mailing address: _____

Please return to: **Community Association Partners, PO Box 2429, Beaverton, OR 97075**
Fax: 503-546-3401; Email: info@capartners.net

