

## HOMEOWNER/RESIDENT INFORMATION

Date: \_\_\_\_\_

Condominium Name: \_\_\_\_\_ Unit # \_\_\_\_\_

### A. OWNER INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Fax/Other \_\_\_\_\_

E-Mail \_\_\_\_\_

### B. RENTER INFORMATION (If unit is rented, please complete the following.)

Renter's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### C. VEHICLE INFORMATION

#1 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License No. \_\_\_\_\_

#2 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License No. \_\_\_\_\_

Parking Space Numbers (if applicable) \_\_\_\_\_

### D. Is there a person you wish us to contact in an emergency (medical or otherwise)?

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

### E. Name of your lender, bank, or mortgage holder (as required by the Washington Condominium Act, 7/90):

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN THIS FORM TO PHILLIPS REAL ESTATE SERVICES  
223 Taylor Avenue North, Suite 200, Seattle, Washington 98109**