

IRVING STREET TOWERS CONDOMINIUMS ASSOCIATION

OWNER/TENANT INFORMATION FORM

Return to: CMI 2105 SE 9th Avenue Portland, OR 97214 Attn: Sydney Castilla
Phone – (503)-233-0300 Fax – (503)-233-8884 sydneyc@communitymgt.com

OWNER INFORMATION

Unit # _____ Owner Occupied: [] Yes [] No Include in Resident Directory: [] Yes [] No
Owner name(s): _____
Other occupants: _____
Mailing address: _____
Home phone: _____ Business phone: _____
Cell: _____ Alternate cell: _____
Email: _____ Alternate email: _____

TENANT INFORMATION (IF NOT OWNER OCCUPIED)

Note: Owners are responsible for insuring that their tenants have copies of all governing documents.

List name(s) of all occupants: _____

Home phone: _____ Business phone: _____
Cell: _____ Email: _____

Rental property management co. contact information (if applicable): _____

EMERGENCY CONTACT INFORMATION (Other than occupant)

Name: _____ Home Phone: _____
Business Phone: _____ Cell: _____
Email: _____

PLEASE SEE REVERSE SIDE



VEHICLE REGISTRATION
[Automobiles and/or Motorcycles]

Make _____ Model _____ Year _____

License # & State _____ Color _____

Make _____ Model _____ Year _____

License # & State _____ Color _____

Make _____ Model _____ Year _____

License # & State _____ Color _____

Make _____ Model _____ Year _____

License # & State _____ Color _____

PET INFORMATION

Pet #1: Dog [] Cat []

Breed: _____

Color: _____

Name: _____

License #: _____

Pet #2: Dog [] Cat []

Breed: _____

Color: _____

Name: _____

License #: _____

Pet #3: Dog [] Cat []

Breed: _____

Color: _____

Name: _____

License #: _____