

HOMEOWNER/RESIDENT INFORMATION FORM

PLEASE "PRINT" CLEARLY

Date: _____ Association Name: _____ Unit# _____

Owner Name(s): _____ Home Phone: _____

Work Phone: _____

Site Address: _____ Cell Phone: _____

Owner Email(s): _____ Fax Phone: _____

Email Opt-In* Yes _____ No _____

*By opting in, you will receive informational emails for your property from MacPherson's Property Management

Mailing Address (if different from site): _____

City: _____ State: _____ Zip: _____

Owner Vehicle Information:

Year, Color, Make & Model: _____ License _____ Permit # _____

Year, Color, Make & Model: _____ License _____ Permit # _____

Pet Information:

Name of Pet: _____ Breed: _____ License: _____

Name of Pet: _____ Breed: _____ License: _____

RENTERS INFORMATION - Complete this section only if your unit is rented

NON-FAMILY RENTER FAMILY MEMBER RENTER LEASE START _____ LEASE END _____

Renter's Name(s): _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Renter's Vehicle Information:

Year, Color, Make & Model: _____ License _____ Permit # _____

Year, Color, Make & Model: _____ License _____ Permit # _____

Renter's Pet Information:

Name of Pet: _____ Breed: _____ License: _____

Name of Pet: _____ Breed: _____ License: _____

CONTACT PERSON IN CASE OF AN EMERGENCY (Medical or Other)?

Name: _____ Phone: _____

If you have any additional information to provide us, please list on the reverse side.

PLEASE RETURN THIS FORM TO:

MACPHERSON'S PROPERTY MANAGEMENT

18551 Aurora Ave North #201 PHONE: 206-624-7144

Shoreline, WA 98133

FAX: 206-542-1687

Scan to: dohara@macphersonspm.com