

Preserves at Lake Washington Subdivision Homeowners Association, Inc.

Homeowner Information Form - Lot# _____

Please complete the following form and return it as soon as possible. It is very important that the Association has this information in case of fire, security problems or medical emergency.

Owner's Name _____

Owner's Name _____

Address _____

Phone Number - Home _____ Work _____

E-Mail Address _____

Alternate Address (second home or office; indicate months for alternate address)

Street _____ City _____

State _____ Zip _____

Phone Number - Day _____ Evening _____

Dates for alternate address _____

Please List Full Names of All Person Residing In Your Home

1. Name _____

2. Name _____

3. Name _____

4. Name _____

Automobile Information

Car # 1 - Year _____ Make _____ Model _____ Color _____

Tag # _____ State _____

Car # 2 - Year _____ Make _____ Model _____ Color _____

Tag # _____ State _____

Car # 3 - Year _____ Make _____ Model _____ Color _____

Tag # _____ State _____

In Case of Emergency, Please Contact The Following:

Name _____ Phone# _____

Address _____ Relationship _____

Animals

Pets - Cats - Breed _____ Weight _____ Color _____ Name _____

Dogs - Breed _____ Weight _____ Color _____ Name _____

Rental Information if Applicable

Name of Rental Agent and Company _____

Phone Number _____

Thank You For Your Time And Cooperation - WE TRULY APPRECIATE IT.

This form will be held in strict confidence.