

## Campus Highlands Homeowners Association Homeowner and Occupant Register

For us to more effectively manage the community, please complete the following questionnaire. Providing us with your contact information is very important in case of emergency, property damage or other issue that may involve the community at large. If you are renting your unit, please provide the name and contact information for your tenant(s) as required in your Governing Documents.

**This form must be mailed or returned by June 1, 2019 to: Targa Real Estate Services at 720 S 348<sup>th</sup> St. #2, Federal Way, WA 98003 Attn: Property Manager. Non-compliance will result in a fine of \$50 each month until received (per the CC&Rs).**

Date \_\_\_\_\_ Lot # \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Campus Highlands Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner 1 Phone \_\_\_\_\_ Owner 1 Alt Phone \_\_\_\_\_

Owner 2 Phone \_\_\_\_\_ Owner 2 Alt Phone \_\_\_\_\_

Owner 1 Email \_\_\_\_\_ Owner 2 Email \_\_\_\_\_

### Property Owner Contact Information (if not living in the home)

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you live ( ) **on-site** or ( ) **off-site**? If **off-site**, please explain (rental, second home, etc.)

**Rental Information (if applicable):** Please attach a copy of the Lease/Rental Agreement (**Required**)

Tenant Name(s) \_\_\_\_\_

Tenant 1 Phone \_\_\_\_\_ Tenant 1 Alt Phone \_\_\_\_\_

Tenant 2 Phone \_\_\_\_\_ Tenant 2 Alt Phone \_\_\_\_\_

Tenant Email \_\_\_\_\_ Tenant 2 Email \_\_\_\_\_

### **In case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_