

CANAL STATION COA RESIDENT INFORMATION SHEET

loday's Date:					
Owner:	Work Phone:				
Address:	Cell #:				
Email:	Home Phone:				
Emergency Contact:	Relationship:				
Home#:	Work #:				
Callbox Phone #: (Any Local phone number, i.e. 206 area code)	Parking Space #(s):				
Renting Unit (Yes/No):	Lease Duration:				
Copy of Lease on file w/Office (Yes/No):					
Renter's Name (1):	Home/Cell:				
Renter's E-Mail:	Work Phone:				
Emergency Contact:	Contact's #:				
Renter's Name(2):	Home/Cell:				
Renter's E-Mail:	Work Phone:				
Emergency Contact:	Contact's #:				
Please provide the names of any occupants, if under 18	years, please provide age.				
Occupant Name (1)	Occupant Age				
Occupant Name (2)	Occupant Age				
Occupant Name (3)	Occupant Age				

****Please also complete reverse side****



Bicycles:			/			
· <u> </u>	(yr/make/model/color))		(serial nur	nber)	
			/			
	(yr/make/model/color))	_ · _	(serial nur	nber)	
			_ / _			
	(yr/make/model/color))		(serial nur	nber)	
Vehicles:	(yr/make/model/color)	<u> </u>	_ / _	(license # &	State \	
	(yi/make/model/color)	1		(licelise # &	State 1	
	(yr/make/model/color))	_ / _	(license # &	State)	
			1			
	(yr/make/model/color))	_ ′ _	(license # &	State)	
Pets (Y/N):		/		/		
Attach Photo	(cat/dog - name)		(breed)		(co	lor/size)
	License #:		Last Rab	ies Shot:		
		_ /		/		
Attach Photo	(cat/dog - name)		(breed)		(co	lor/size)
	License #:		_Last Rab	ies Shot:		
Parcel Waiver:	I/ We acknowledge that do addressee's own risk. The					
	or mis-delivered items.			·		
Acknowledgment:	I/We have been provided a copy of the rules and policies of Canal Station Condominium Association and agree to abide by the Declaration, rules, and policies					
Printed Name:		_ Signature:				
Printed Name:		_ Signature:				
Printed Name: Form adopted by Board Ma	.v-17	_ Signature:				