

CENTRE POINTE CONDOMINIUM ASSOCIATION
OWNER CONTACT INFORMATION FORM

Building _____ Unit#: _____

Owner Names: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Fax #: _____

E-mail: _____

Emergency Contact Name & #: _____

Mortgage Company for the Condo – I need this updated information as loans are bought and sold regularly. Per law, the management company is to maintain this information on file.

Tenant/Rental Information on Unit, Contact # and Vehicle information: _____

Condo Insurance Coverage – Company/Agency/Phone: _____

Thank you for the information; you never know when there will be an emergency situation where this information will be needed.

**PLEASE RETURN THIS FORM TO: INTEGRA Condominium Association Management, Inc.,
P.O. Box 31936, Bellingham, WA 98228. PHONE: 360/656-5091 FAX: 360/656-5093**