

CENTRE POINTE CONDOMINIUM ASSOCIATION
TENANT CONTACT INFORMATION FORM

Tenant Names: _____ Bldg/Unit #: _____

Please name all persons that will be occupying the unit.

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Fax #: _____

E-mail: _____

Vehicle Make, Model & License Number: _____

Vehicle Make, Model & License Number: _____

Emergency Contact Name & #: _____

We have read the enclosed **Rules and Regulations** for Centre Pointe Condominium Association.

Signature

Date

Signature

Date

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 Management, Inc., P.O. Box 31936,
Bellingham, WA 98228. PHONE: 360/656-5091 FAX: 360/656-5093**