

COTTAGE CREEK CONDOMINIUM ASSOCIATION
OWNER CONTACT INFORMATION FORM

Unit#: _____

Owner Names: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Fax #: _____

E-mail: _____

Vehicle(s) Make, Model & License No.: _____

Emergency Contact Name & #: _____

Mortgage Company for the Condo – I need this updated information as loans are bought and sold regularly. Per law, I am supposed to have this information of file.

Tenant/Rental Information on Unit & Contact #: _____

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 Assoc. Mngmnt, Inc., P.O. Box 31936,**
Bellingham, WA 98228 PHONE: 360-656-5091 FAX: 360-656-5093 Email: integra@integra2183.com