

COTTAGE CREEK CONDOMINIUM ASSOCIATION
TENANT CONTACT INFORMATION FORM

Tenant Names: _____ **Unit #:** _____

Please name all persons that will be occupying the unit.

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Fax #: _____

E-mail: _____

[1-vehicle parking space per unit]

Vehicle Make, Model & License Number: _____

Emergency Contact Name & #: _____

We have read the enclosed Rules and Regulations for UOA of Cottage Creek Condominiums.

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 Email: integra@integra2183.com**