

**GLEN ACRES CONDOMINIUM
RESIDENT INFORMATION FORM**

OWNER INFORMATION: Unit Address _____ Glen Acres Dr So. Seattle 98168

Full Legal Name (Owner #1) _____

Full Legal Name (Owner #2) _____

Telephone (Owner #1): Day _____ Evening _____

Telephone (Owner #2): Day _____ Evening _____

Email address: _____ Cell Phone # _____

Mailing Address (if different than above):

Date unit purchased (date sale closed): _____

Lender: _____ Loan # _____

Lender's Address: _____

Emergency Contact: Name & Relationship _____

Phone Numbers: Day _____ Evening _____

RESIDENT INFORMATION: (Include proof of birth date)

Name _____ Nickname _____ Birth Date _____

Name _____ Nickname _____ Birth Date _____

(Please list additional residents on the back)

Unit Phone Number: _____ (to be programmed into the entry gate).

Vehicle No. 1: Year _____ **Vehicle No. 2:** Year _____

Make/Model _____ Make/Model _____

Color _____ Color _____

License # _____ License # _____

Security Sticker# _____ Security Sticker# _____

(Please list additional automobiles on the back)

Please list the numbers stamped on any gate opening devices you have:

Remote Openers _____ Card Openers _____

Signature of Person Completing Form:

_____ Date _____

Printed Name _____