

**SNOWLINE INN 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: \_\_\_\_\_

Vehicle Make, Model & License Number: \_\_\_\_\_

Vehicle Make, Model & License Number: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

\_\_\_\_\_

We have read the enclosed Rules and Regulations for Snowline Inn 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**