

Twin Lakes HOA
Owner/Tenant Resident Information Sheet

Please complete this form and return it to:
Bell-Anderson & Associates, PO Box 5640, Kent, WA 98064-5640 or info@bell-anderson.net
You may also drop off this form at the TLHOA office, 3420 SW 320th ST
or email to officemanager@twinlakeshoa.com

Owner's Name(s): _____

Division: ___ Lot #: ___ Address: _____

Phone #1: _____ Phone #2: _____

Email #1: _____ Email #2: _____

Owner's Address (if different): _____

Tenant's Name(s): _____

Phone #1: _____ Phone #2: _____

Email #1: _____ Email #2: _____

Emergency Contact Name/Phone: _____

Vehicle: Make _____ Model _____ Year _____ License # _____

Vehicle: Make _____ Model _____ Year _____ License # _____

Vehicle: Make _____ Model _____ Year _____ License # _____

Vehicle: Make _____ Model _____ Year _____ License # _____

Pets: _____ ID Chip (Yes) _____ (No) _____

This information will only be used for the appropriate needs of the Board of Directors. This information is confidential and will not be sold or forwarded to others. It is for the exclusive use of your Board of Directors in the execution of their duties. Thank you for your cooperation.

Tenants Acknowledgment

By filling out and returning this form, I acknowledge that I have been provided, have read and agree to abide by the governing documents of the Twin Lakes Homeowners Association.

Homeowners Name: _____

Tenant's Name: _____

Tenant's Signature: _____ Date: _____