



OWNER REQUEST FORM

Welcome to Vantage Community Management! Please complete and return this form to the address or fax at the bottom of this page. This will ensure that management has the correct information for contacting you regarding your property.

Community Name:	
Property Address:	
Homeowner's Name:	Co-owner's Name:
Tenant Name:	Tenant Telephone Number:
Property Manager:	Manager Telephone Number:

*Please note that ALL documents (statements, notices, etc) will be sent directly to the OWNER. Duplicate notices will NOT be sent to the Property Manager. If owners prefer to have ALL documents (including statements) sent to the Property Manager, please indicate on the "Mailing Address" line.

□ Please change my mailing address to:

Email to: hoa@vantagecommunities.net

	Mailing Address			
	City	State	Zip	
	Emergency situations and Eme	rgency situations (one t information will be	ng which numbers should be utiliz e or both may be selected for any utilized by management to notify	telephone
	OWNER'S CONTACT INFORMA	TION:		
	Home phone number:		□ Non-Emergency □ Emerge	ency
	Cell phone number:		_ 🗆 Non-Emergency 🗖 Emerge	ency
	Work phone number:		_ □ Non-Emergency □ Emerge	ency
	Other phone number:		_ 🗆 Non-Emergency 🗖 Emerge	ency
	Email address:			
	Owner's/Co-Owner's Signature	::	Date:	
Mail to: c/o Vantage 8290 – 28 th Lacey, WA 9 Fax to: (360	8516			