

# Sunset Plaza Condominiums

## Resident Information Form

Unit # \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Name of Renter: \_\_\_\_\_

Names of Occupants:	Age	Relationship
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____

Phone Numbers:	Emergency Contact
#1 Wk _____ Hm _____	Name: _____ Phone # _____
#2 Wk _____ Hm _____	Name: _____ Phone # _____

Alarm Company Name and Phone: \_\_\_\_\_

<b>Homeowner's Insurance:</b> _____			
Company Name		Agent	
Policy Number	Expiration Date	Liability Amount	Phone #

**YOU MUST ATTACH A COPY OF 11.0.6 INSURANCE CERTIFICATE**

It rented, tenants professionally screened by: \_\_\_\_\_  
(You must attach a copy of the professional screening company's invoice as proof of renter's screening.)

Vehicles Make/Model	Color	Year	License #
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____

Parking Stall #: \_\_\_\_\_

**Pet Agreement Been Attached if Permissible** ( Y or N )

I \_\_\_\_\_, residing in unit # \_\_\_\_\_ of the Sunset Plaza Condominiums in Tacoma Washington, state that the information contained on this form is accurate and complete to the best of my knowledge, and I have received, read, and understand the Sunset Plaza condominiums House Rules as set forth by the Board of Directors.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Occupant Signature \_\_\_\_\_ Occupant Signature \_\_\_\_\_

Occupant Print Name \_\_\_\_\_ Occupant Print Name \_\_\_\_\_

**NOTE: THERE IS AN INITIAL \$50.00 FINE FOR NOT COMPLETING THIS FORM.**  
Please return the completed form to The Management Trust  
at 6704 Tacoma Mall Blvd., #111, Tacoma, WA 98409  
or email [Kristin.Gee@ManagementTrust.com](mailto:Kristin.Gee@ManagementTrust.com)