

**Eastridge 4 Condominium Association**  
**Confidential Owner Information Sheet**

*Please return to:*  
*Snow's Management, Inc.*  
*2701 Fairbanks Street Suite A*  
*Anchorage, Alaska 99503*  
*Fax: 563-8313*

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**Owner Information**

Unit Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
First Name Last Name

Home Telephone: ( ) \_\_\_\_\_

Owner's Mailing Street Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Work Telephone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

1st Emergency Contact \_\_\_\_\_  
First Name Last Name

Home Telephone: ( ) \_\_\_\_\_

Contact's Mailing Street Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Work Telephone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_  
First Name Last Name

Home Telephone: ( ) \_\_\_\_\_

Contact's Mailing Street Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Work Telephone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Vehicles:

\_\_\_\_\_  
Make Model License Plate #

**I/we have received and read the rules and regulations governing the Eastridge 4 Condominium Association. I/we also agree to abide by said rules and regulations and understand that fines may be assessed for violations of the governing documents of the Association.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**