

Eastridge 4 Condominium Association
Confidential Tenant Information Sheet

Please return to:
Snow's Management, Inc.
2701 Fairbanks St., Suite A
Anchorage, Alaska 99503
info@snowsmanagementak.com

Renter Information

Unit Address: _____

Renter's Name: _____ Home Telephone: () _____

Renter's Mailing Street Address _____ Work Telephone: () _____
Cell Number: () _____

City State Zip

Emergency Contact _____ Home Telephone: () _____

Contact's Mailing Street Address _____ Work Telephone: () _____
Cell Number: () _____

City State Zip

If Military, CO's name and phone number: _____

Vehicles:

Make Model Color Make Model Color
License Plate # _____ License Plate # _____

Make Model Color Make Model Color
License Plate # _____ License Plate # _____

I/we have received and read the rules and regulations governing the Eastridge 4 Condominium Association. I/we also agree to provide a copy of the said rules and regulations to above listed renters and understand that fines may be assessed to my account for violations of the governing documents of the Association by listed renters.

Signature _____

Date _____

