



BAKerview TOWNHOMES CONDOMINIUM OWNERS ASSOCIATION (BTCOA) CONTACT FORM

Bldg # _____ **Unit #** _____ **Date of Info** _____

Member (or Landlord) Info

Member NAME(s) _____

Mail Address _____

City/State/Zip _____

Cell Phone _____ Alt Phone _____

Email Address _____

For MEMBER Only – Share Your Contact Info with All Members? (*Check for YES*)

Resident (and/or Tenant) Info

Same as Member Info? (*Check for YES – Provide Further Info Below as Pertinent*)

Resident NAME(s) _____

Mail Address _____

City/State/Zip _____

Cell Phone _____ Alt Phone _____

Email Address _____

of Occupants _____ Occupant Name(s) & Relationship _____

of Pets _____ Pet Name(s) & Species (w/Breed) _____

Vehicle #1: Year: _____ Make: _____ Model: _____ Lic #: _____ Lic State: _____

Vehicle #2: Year: _____ Make: _____ Model: _____ Lic #: _____ Lic State: _____

For RESIDENT Only – Share Your Contact Info with All Residents? (*Check for YES*)

Emergency Contacts

Name #1 _____ Relationship _____ Cell Phone _____

Name #2 _____ Relationship _____ Cell Phone _____

BTCOA Board Internal

Emergency Key Provided?; Maintained by Resident Board Member? (*Check for YES*)

Please return completed contact form to: BTCOA Board, PO BOX 32191, Bellingham, WA 98228