

**OUTLOOK VISTA HOMEOWNER ASSOCIATION  
RESIDENT INFORMATION FORM**

LOT # \_\_\_\_\_

DATE: \_\_\_\_\_

**OWNER INFORMATION**

NAME:  
MAILING ADDRESS:

WORK PHONE:  
HOME PHONE:  
CELL PHONE:  
EMAIL ADDRESS:

**EMERGENCY CONTACT INFORMATION**

NAME:  
ADDRESS:

WORK PHONE:  
HOME PHONE:  
CELL PHONE:  
EMAIL ADDRESS:

**TENANTS (IF APPLICABLE)**

NAME:

DAY PHONE:

NIGHT PHONE:

CELL PHONE:

EMAIL ADDRESS:

**VEHICLE INFORMATION**

YEAR:

MAKE:

MODEL:

COLOR:

LICENSE PLATE #:

YEAR:

MAKE:

MODEL:

COLOR:

LICENSE PLATE #:

YEAR:

MAKE:

MODEL:

COLOR:

LICENSE PLATE #:

YEAR:

MAKE:

MODEL:

COLOR:

LICENSE PLATE #:

**PET INFORMATION**

TYPE OF ANIMAL:

COLOR:

WEIGHT:

PET LICENSE #:

\* Please use the back of this form to provide any additional information regarding vehicles or residents.

***Please Return To:***

The Management Trust – CDC .  
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Kirkland, WA 98033