

**PORTLAND PLAZA  
CONDOMINIUMS PROPERTY OWNERS REQUIRED INFORMATION**

**About You**

*Please help us keep our records current.*

Owner Name(s) \_\_\_\_\_ Unit # \_\_\_\_\_

Owner address \_\_\_\_\_

Day phone(s) \_\_\_\_\_ Night phone(s) \_\_\_\_\_

Cell phone or pager(s) \_\_\_\_\_ Keep numbers confidential ( ) Yes ( ) No

Email (optional): (work) \_\_\_\_\_ (home) \_\_\_\_\_

Insurance Policy through \_\_\_\_\_

Unit Key in Building Lock Box \_\_\_\_\_ Yes \_\_\_\_\_ No

Unit Key with other owner - Name \_\_\_\_\_ Unit # \_\_\_\_\_

**Residency/Vehicles/Pets**

*Please tell us whether you reside at your unit by checking one of the following:*

( ) I/We reside at my unit

( ) I/We do not reside at my unit but instead provide it to family/friends through an informal agreement

( ) I/We do not reside at my unit but instead provide it to renters through a formal agreement.

*Please note that it is your responsibility to provide the following information, even if you do not reside at your unit.*

Names of all people residing at my unit:

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Vehicles(s) that are regularly parked at my unit:

Car(s) \_\_\_\_\_

Make	Year	Make	Year
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License #		License #	
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Parking Spot #		Parking Spot #	
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Cat(s) or dog residing at my unit:

Pet 1: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed/Color/Markings \_\_\_\_\_

Pet 2: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed/Color/Markings \_\_\_\_\_

**Emergency contacts:**

*If notified of any emergency during office hours (9:00 a.m. to 5:00 p.m., Monday through Friday) IPM will try to reach you or, if you are unavailable, another individual whom you designate as a contact-preferably, a resident of your unit (e.g., a family member, housemate, renter) or someone else with a key and permission to enter.*

The primary point of contact for my unit is:

Name \_\_\_\_\_ Resident ( ) Yes ( ) No Has Key ( ) Yes ( ) No

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Cell phone or Pager \_\_\_\_\_ Keep numbers confidential ( ) Yes ( ) No

The secondary point of contact for my unit is:

Name \_\_\_\_\_ Resident ( ) Yes ( ) No Has Key ( ) Yes ( ) No

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Cell phone or Pager \_\_\_\_\_ Keep numbers confidential ( ) Yes ( ) No

Disability in case of emergency: \_\_\_\_\_

**Signature of verification:**

*Please sign below to verify the accuracy of the information provided.*

Condominium Property Owner Name \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM AND RETURNING IT TO IPM  
721 SW OAK STREET, #100, PORTLAND, OR 97205  
503-223-6327**