ASSOCIATION NAME: _____

Managed By: Pacific Rim Properties

405 West 27th Avenue Anchorage, Alaska 99503

DATE: _____

UNIT REGISTRATION

RETURN THIS FORM TO PACIFIC RIM PROPERTIES

- *Unit Address:* _____

UNIT OWNER: _____

MAILING ADDRESS: _____

_____

HOME PHONE #_____ **WORK PHONE #**_____

EMERGENCY CONTACT

For emergency use only, please provide the name and # of a person to contact who would be authorized to enter your unit or could contact you.

NAME _____**PHONE #**_____

TENANT: _____

MAILING ADDRESS:_____

_____

HOME PHONE #_____**WORK PHONE #**_____

- *MANAGEMENT (if applicable)*

MANAGERS NAME _____ PHONE #_____

COMPANY _____

- *OCCUPANT VEHICLES*

Make Model	Make Model	Make Model
Color Year	Color Year	Color Year
License Plate #	License Plate #	License Plate #
Owner:	Owner:	Owner: