

Cambridge Condominium Owners Association

Owner/Resident/Tenant Registration

(Please respond to all questions, mark N/A if question does not apply to your unit)

OWNER NAME _____

UNIT ADDRESS _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

PHONE _____ EMAIL _____

All Owners Please Mark the Check Box(es) that Apply to Your Unit

- This is my primary residence; I occupy it and do not plan to lease it.
- This is my second home; it remains vacant when I am not occupying it.
- I am currently leasing the unit and/or a family member resides in it.
- The unit is currently vacant; I plan to lease my unit in the near future.
- the unit is currently vacant; I do not plan to lease it.
- Other: _____

If Unit Is Rented or Occupied by Non-Owner.

This Information Must Be Completed

(Please Review the Rental Rules)

TENANT OR NONOWNER NAME _____

PHONE _____ EMAIL _____

LEASE START AND END DATE _____

PROPERTY MANAGEMENT FIRM (If applicable) _____

MANAGER _____

MANAGER PHONE _____

MANAGER EMAIL _____

Fob and Remote Registration

(Please register all Fobs/Remotes)

Fob Remote _____
Fob/remote # Name of person holding the Fob/Remote

Return form to:

Association Management Services NW, 15350 SW Sequoia Parkway, Suite 200, Portland, OR 97224

Phone: 503-598-0552, Fax: (503) 598-0554, HOAOR@ams-nw.com

- Fob Remote _____
Fob/remote # _____ Name of person holding the Fob/Remote _____
- Fob Remote _____
Fob/remote # _____ Name of person holding the Fob/Remote _____
- Fob Remote _____
Fob/remote # _____ Name of person holding the Fob/Remote _____
- Fob Remote _____
Fob/remote # _____ Name of person holding the Fob/Remote _____

Vehicle Information

Please register *ALL* vehicles. If no vehicle, note "No Vehicle"
(Please Review the Parking Rules)

Tower Parking Space Number(s) _____

_____	_____	_____
year, make & model	state & license plate number	color of vehicle
_____	_____	_____
year, make & model	state & license plate number	color of vehicle
_____	_____	_____
year, make & model	state & license plate number	color of vehicle

Pet Information - Please List All Pet(s)

(Please review Pet Rules)

_____	_____	_____	_____
type of animal (i.e. cat, dog, other)	breed	color	name
sex: male _____ female _____ spayed/neutered: yes _____ no _____ Vaccinated yes _____ no _____			
_____	_____	_____	_____
type of animal (i.e. cat, dog, other)	breed	color	name
sex: male _____ female _____ spayed/neutered: yes _____ no _____ Vaccinated yes _____ no _____			

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COMMUNITY RULES
(To be signed by all Owners)

AGREED. The Owner, Resident, Tenant have been advised that they are living in a unit that is a part of the Cambridge Condominium Owners Association, they have been provided with copies of the Governing Documents of the Association, including the Declaration, Bylaws, Amendments, Resolutions, Rules & Regulations, Policies and Rules Manual. Please pay special attention to the Move In/Out Policy, the rental/lease policy and the building and parking garage safety rules.

Owners, Residents and Tenant, by their signature below, hereby agree to abide by all Governing Documents of the Association.

For rental/leased units the Owner and Tenant(s) further agree that when the rental agreement or lease conflicts with the Association's Governing Documents, the Association's Governing Documents shall prevail and take precedence. Owner and Tenant(s) agree that any failure by Owner or Tenant to comply with the terms of the Association Governing Documents is a default under the lease.

Owner Signature (Required)

Tenant Signature (if applicable)

Owner Signature (Required)

Tenant Signature (if applicable)

Date

Date

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