

CHARBONNEAU HOMEOWNERS ASSOCIATION LEASE NOTIFICATION

Please print or type all information.

Return completed form to: Steve Chinn, Property Manager 503-312-0927
PO BOX 219 Wilsonville, OR 97070

Date of Application: _____

Owner Information

Owner's Name: _____ Telephone: _____

Property Address: _____

Renter Information

Renter's name(s): _____

Renter's children (include the age of each child):

Additional Occupants:

Telephone: _____ Second Telephone: _____

Email: _____ Second Email: _____

Emergency contact information (optional)

Name: _____ Telephone: _____

Declaration and Signatures

I have read and understand the CC&Rs, Bylaws, Business Affairs Rules and Regulations, and any provisions the CHOA Board deems necessary, and I agree to abide by them.

Renter's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Approved by: _____ Date: _____