

Commonwealth Real Estate Services
2375 130th Avenue NE, Suite 102
Bellevue, WA 98005
(425) 881-9890
(425) 881-8720 Fax

EMERGENCY CONTACT

**FORM
29W**

DATE: _____ PRIMARY RESIDENT: _____

ADDRESS: _____ SP #: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE: _____

CELL PHONE #: _____ EMAIL: _____

ADDITIONAL OCCUPANTS:

PHONE

EMAIL

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

NEAREST LOCAL CONTACT

Please provide the name, address, phone number and email address of someone to contact (i.e., nearest local contact, authorized representative, attorney, etc.) in the event of an emergency or death of the resident.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE #: _____ EMAIL: _____

AUTHORIZED REPRESENTATIVE

☐ PERSONAL REPRESENTATIVE ☐ ATTORNEY ☐ OTHER

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE #: _____ EMAIL: _____

MANUFACTURED HOME INFORMATION

YEAR: _____ LEGAL OWNER/LEINHOLDER: _____

MAKE/MODEL: _____ DATE PURCHASED: _____ VIN: _____

HOME OWNER'S INSURANCE (PLEASE ATTACH A COPY OF DECLARATION PAGE):

COMPANY: _____ **POLICY #:** _____

It is the responsibility of the occupants to notify Community Management should this information change during residency.
Please complete a new form in the event of a change in the above information.