

RESOLUTION OF HIGHLANDS CONDOMINIUMS
 Relating to Occupancy Information to Be Provided to the Association

EXHIBIT A
 Owner Information Form; Change of Occupancy Form

1. Unit Number and Street: _____
 2. These are all the people who currently live at this address or will be staying longer than seven (7) days:

Name	Age	Gender (Circle One)	Status (1. Child, 2. Owner, 3. Renter, 4. Spouse or Significant Other)	Telephone Numbers
_____	_____	Male Female	_____	_____
_____	_____	Male Female	_____	_____
_____	_____	Male Female	_____	_____
_____	_____	Male Female	_____	_____

3. Mailing address, if different for any of the individuals listed in No. 2 above:

Name	Address	City	State	Zip
_____	_____	_____	_____	_____

4. (Check one) This unit currently ___ is ___ is not a rental unit.

5. If a rental unit, please complete the following:
 _____ I do not have a management company or manager.
 _____ I do have a management company or manager.

The information concerning who to contact regarding tenants for this unit is as follows:

All questions regarding tenants should be directed to (list your information or your management company information here):

Name	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Contact Person	Telephone	Cell Number	E-mail	
_____	_____	_____	_____	

6. I have the following loans, mortgages or obligations owing against the property:

Name of Lender	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Contact Person	Telephone	Cell Number	E-mail	
_____	_____	_____	_____	

7. The following pets or animals are present on the property:

	Pet Name	Type of Pet
a.	_____	_____
b.	_____	_____
c.	_____	_____

8. The following vehicles will be parked at the Highlands by the people living in this unit:

	Year	Make	Model	Color	Plate No.
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

9. Emergency Contact information is as follows:

Name of Contact	Address	City	State	Zip
_____	_____	_____	_____	_____
Relationship	Telephone	Cell Number	E-mail	
_____	_____	_____	_____	

10. Attached or submitted herewith are the following (check all those that apply):

- _____ Copy of personal effects and comprehensive personal liability and premises liability medical insurance coverage policy and/or certificate of additional insured(s).
- _____ Copy of current rental agreement.
- _____ Copy of current management agreement.

I hereby certify that I am the legal owner of the above unit; that I have provided to all occupants full and complete copies of the Bylaws, CC&R's (Condominium Declaration for Highlands Condominium) and all resolutions, and that the above information is true and correct to the best of my knowledge.

Date: _____

Owner Signature

Printed name of Owner signing this form

Mail the completed form and enclosures to: Highlands Condominiums, 440 Stonewood Drive, Eugene, Oregon 97405, or place it in the mail slot at the Recreation Center Office Door (downstairs) at 440 Stonewood Drive, Eugene, Oregon 97405.