

# Designated Resident Form

Please ensure that your contact information is up to date each year.



Homeowner name: \_\_\_\_\_

Email: \_\_\_\_\_

McKenzie Towne Address: \_\_\_\_\_

Alternate Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

In the boxes below, please provide the information of the tenant(s) residing at your McKenzie Towne address. They will be in our system as a Designated Resident.

First Name	Last Name	Birth Date	Email
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	

By signing this form, I understand I am responsible for the actions of the Designated Residents while they use property of McKenzie Towne Council.

Do you have any tenants you'd like to remove? List their names, separated by commas: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drop off this form at McKenzie Towne Hall, 40 McKenzie Towne Blvd SE, OR email to [csr@mtcouncil.com](mailto:csr@mtcouncil.com), OR fax to 403-930-1551.

PH: 403-781-6612 | [www.mtcouncil.com](http://www.mtcouncil.com)