



## Designated Resident

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

Homeowner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Owner Mailing Address: \_\_\_\_\_

**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 dd/mm/yyyy	Email	Phone #

By signing this form, I understand I am responsible for keeping my property account up to date.

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, OR email [officeco@mtcouncil.com](mailto:officeco@mtcouncil.com).