



HOMEOWNER PROFILE – MOVE IN FORM

Please fax to (206) 443-1672 or email to concierge@ellingtoncondos.net ♦ 2801 1st Ave ♦ Seattle, WA 98121. Thank you.

MOVE IN DATE: _____	REGISTRATION FEE: Check Number _____ dated _____
----------------------------	---

<u>HOMEOWNER</u>	RESIDENT 1	RESIDENT 2
Unit Address/No:		
A Second Residence:	Yes No	
**Is this unit a rental unit:	Yes No If yes, please have renter fill out separate renter profile.	
Legal Owner-Name[s]:		
Mailing/Billing Address:		
Children/other FAMILY (residing at ELLINGTON)		
Home Telephone #:		
Cell Telephone #:		
Work Telephone #:		
Fax Telephone #:		
Owner's Emergency Contact Name/Tele/Relationship:		
Email Address:	Send mailings via email. Yes No	
Vehicle:	Yr / Make / License	Yr / Make / License
Pet(s):		
Bicycle(s): Make/Model/Color/Serial #		

PLEASE LIST KEY ACCESS NUMBERS BELOW OR CONTACT THE CONCIERGE FOR AN AUDIT OF ALL ACCESS KEYS.

FOB 1:	FOB 2:	Prox CARD 1:	Garage Remote 1:	Garage Remote 2:
---------------	---------------	---------------------	-------------------------	-------------------------

NOTES:

For Ellington Use Only.

Concierge on Duty: _____
 Yes No Move procedures explained to Residents?
 Sentex number Activated by _____

Access Device numbers Activated by _____
 Information recorded on Elevator Reservation Calendar
 Information revised in MS Outlook – contact list.
 Form E-mailed to MO
 Form E-mailed to Suhrco



Ready to File in Unit File