



Designated Resident Form

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

Homeowner Name: _____

Email: _____

McKenzie Towne Address: _____

Alternate 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 the actions of the Designated Residents while they use property of McKenzie Towne Council. McKenzie Towne Council will confirm your Designated Resident list with you, annually.

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.