



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 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.