

**The Vaux Condominiums
Victaulic Replacement Project**



Owner Contact Information

(Please Print)

Unit # & Address: _____

Name: _____

Home Phone: _____

Work Phone: _____

Please Check Box

Owner **Resident**

Cell Phone: _____

Emergency Contact Name/Number:

Owner Address (if not living on site): _____

Resident Work Information: *(i.e. works nights, works at home)* _____

Pets: Please Check Box
Yes **No**

Specific Pet Information: *(i.e. name, type, friendly or aggressive, caged, kept indoors, etc.)*

Additional Information: *(i.e. physical limitations or any other info you want crew to be aware of)*

Please return form to:

Lisa Foster
Charter Construction
3747 SE 8th Ave
Portland, OR 97202
Fax 503.546.2599
lisaf@chartercon.com

3747 SE 8th Avenue
Portland, OR 97202
Phone: 503-546-2600
Fax Line: 503-546-2599
CCB: 166313
www.chartercon.com