



Klahanie Rental Information Form

Your Name _____ Printed Please Account #
Your Phone _____
Your Email _____
Your Klahanie Rental Home Address _____

Your current Renter Information

Name _____
Phone _____
Email _____
Term of the rental _____

Name of Property Manager _____
Phone _____
Email _____

I authorize Klahanie Compliance to contact my Property Manager to help resolve compliance issues with my renter before they become fines, which I realize that I have to pay. Yes___ No___

Please enroll my rental property into the yard maintenance program as soon as it is available in the neighborhood where my home is located. Yes___ No___

By enrolling in this program you are releasing and holding the Klahanie Association harmless from any claim arising from the service provided to you and your property under this program.

Thank you,

Fred Nystrom
Association Director

Please scan and send to communitymanager@klahanie.com OR mail to 4210 244th Place SE, Sammamish, WA 98029