**TENANT ASSOCIATION INFORMATION FORM**

Name of the association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward: \_\_\_\_\_\_\_\_\_\_\_

Membership (check one): \_\_\_\_\_ dues required \_\_\_\_\_ no dues required

Is the association incorporated in D.C.: \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

Contact information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can OTA use your information on the tenant association list posted on our webpage? \_\_\_\_ yes \_\_\_\_ no

If yes, check all of the information you are willing to disclose:

\_\_\_\_\_\_ name \_\_\_\_\_\_ address \_\_\_\_\_\_ telephone \_\_\_\_\_\_\_ email address

Do you want to be included on the OTA stakeholder distribution list? \_\_\_\_\_ yes \_\_\_\_\_\_ no

**RETURN TO THE OFFICE OF TENANT ADVOCATE**

Mail/in person Fax Email

Office of the Tenant Advocate 202-719-6586 delores.anderson@dc.gov

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