

Washboard Customer Portal Enrollment Form

(1 form per community/account)

Account #:	
Name/Address of Apartment Community:	
Name of Owner (Legal Entity Name):	
	City, State and Zip:
	E-Mail:
Name of Management Company:	
Address:	City, State and Zip:
	E-Mail:
Signature of Owner or authorized agent	Date
Print Name	
Email address to return this completed form t	to:
For Office Use Only (DO NOT WRITE BELOW	THIS LINE)
Username:	
Password:	
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