

Skip Moore



Plat and Condominium Name Reservation Request

Name of Plat/Condo Requested	_____
Declarant(s)/Owner(s):	_____
Contact Name:	_____
Contact email:	_____
Phone Number:	_____
Address:	_____
City, State, Zip:	_____
Parcel Number:	_____
Comments:	
_____	_____
<i>Signature of Owner or Agent</i>	<i>Date</i>

Please email completed form to recording@co.chelan.wa.us. We will email your approval within 2 working days. Reservation is held for one year.