OWNER INFORMATION

Date: _____

Condominium Association: _____
Legal Unit Address: _____
_____

Owner Name: _____
Owner Home Phone: _____
Owner Work Phone: _____
Owner Address (if other than above): _____
_____

Owner E-mail: _____

Is this unit leased: No _____ Yes _____ (Please enclose a copy of the lease)

Resident Name (if other than above): _____
Resident Home Number (if other than above): _____
Resident Work Number (if other than above): _____

Resident Emergency Contact Information (optional - for emergencies purposes)
Name #1: _____
Relationship: _____
Home Phone: _____
Work Phone: _____

Name #2: _____
Relationship: _____
Home Phone: _____
Work Phone: _____

In case of emergency, who has a key to your unit? _____

Special Instructions: _____
_____
_____
_____

Submit completed form to:
JL Gardel, PLC
PO Box 310
Union Lake, MI 48387-0310
Fax: 248-706-1615