

HOMEOWNER INFORMATION

Homeowner Association: _____
Owner Name: _____
Owner Phone: _____
Unit Address: _____
Owner Address (if other than above): _____
Owner E-mail: _____

Is this home leased: No _____ Yes _____
Resident Name (if other than above): _____
Resident Number (if other than above): _____

Submit completed form to:
JL Gardel, PLC
PO Box 310
Union Lake, MI 48387-0310
Fax: 248-706-1615
E-mail: office@jlgardel.com