

## OWNER INFORMATION FORM

The information being requested on this form is needed to properly administer your account with the Condominium Association. The information pertaining to emergency contact persons and telephone numbers is necessary in the event an emergency arises within your unit or within the building containing your unit that would require access to your unit to make repairs or to check for dangerous or damaging conditions when you are not available. Please complete this form and return it to the management company at the address below.

Mortgage Co. \_\_\_\_\_

Address \_\_\_\_\_

Loan # \_\_\_\_\_

### OWNER INFORMATION

Owner(s) Name: \_\_\_\_\_

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

Mailing Address (if different than unit): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner(s) Day Telephone # \_\_\_\_\_ Evening Telephone # \_\_\_\_\_

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

Description of Pet (if applicable): \_\_\_\_\_

Pet I.D. # (if applicable): \_\_\_\_\_

Tenant's Name (if leased): \_\_\_\_\_ Phone # \_\_\_\_\_

Seasonal Address (if any): \_\_\_\_\_

\_\_\_\_\_

Months at Seasonal Address (if applicable): \_\_\_\_\_

### EMERGENCY CONTACT PERSONS (When you are unavailable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Telephone # \_\_\_\_\_ Evening Telephone # \_\_\_\_\_

**Please return this form to:**

**F&D Property Management  
P.O. Box 1004  
Ann Arbor, MI 48106-1004**

**THANK YOU!**