## PIETY HILL PLACE CONDOMINIUM ASSOCIATION CO-OWNER / TENANT INFORMATION

As Managing Agent for PIETY HILL PLACE CONDOMINIUM, we ask that you please submit the following pertinent information. This will enable us to update the Association's records and better serve you.

## **CO-OWNER INFORMATION:**

Address       Unit No.         Home Phone       Business Phone         Mobile Phone       Email         Mailing Address (if different from above)       Email         YOUR INSURANCE COMPANY:       Policy #         Company Name       Policy #         Agent Name       Policy #         Agent Name       Policy #         Agent Name       Policy #         YOUR MORTGAGE COMPANY (AS REQUIRED UNDER THE BYLAWS):       Company or Individual Name         Address	Co-Owner Name(s):				
Mailing Address (if different from above)	Address		Unit No.		
Mailing Address (if different from above) Policy # YOUR INSURANCE COMPANY: Company Name Policy # Agent Name Phone YOUR MORTGAGE COMPANY (AS REQUIRED UNDER THE BYLAWS): Company or Individual Name Address Phone Date Purchased Loan No Pone Date Purchased Loan No Do you have a copy of the Association's Master Deed, Bylaws, Rules & Regulations? RENTER INFORMATION (IF APPLICABLE): Renter Name(s) Address of Unit Being Occupied Home/Cell Phone Business Phone Email Preferred Contact Is/Are the Renter(s) related to the Co-Owner? Yes / No <b>WASHER / DRYER IN UNIT: MUST CHECK ONE:</b> YES NO If yes, indicate what make and model: Vehicle INFORMATION: Vehicle Make/Model/Year License Plate # Color Vehicle Make/Model/Year License Plate # Color PET REGISTRATION (IF APPLICABLE): <u>NOTE: PETS ARE NOT ALLOWED AT PIETY HILL PLACE CONDOMINIUM ASSOCIATIO</u> Pet Name Pet Type Age Breed Size / Weight Male/Female Is Pet: Spayed/Neutered/Neither One	Home Phone	Business Phone			
YOUR INSURANCE COMPANY:         Company Name       Policy #         Agent Name       Phone         YOUR MORTGAGE COMPANY (AS REQUIRED UNDER THE BYLAWS):         Company or Individual Name         Address         Phone         Address         Phone         Do you have a copy of the Association's Master Deed, Bylaws, Rules & Regulations?         RENTER INFORMATION (IF APPLICABLE):         Renter Name(s)         Address of Unit Being Occupied         Home/Cell Phone         Business Phone         Email         Preferred Contact         Is/Are the Renter(s) related to the Co-Owner?         Yes / No         WASHER / DRYER IN UNIT:         MUST CHECK ONE:         Yes / No         WASHER / DRYER IN UNIT:         WUST CHECK ONE:         Yes / No         Weichel Make/Model/Year         License Plate #       Color         Vehicle Make/Model/Year         License Plate #       Color         Vehicle Make/Model/Year       License Plate #       Color         Pet Registration (if APPLICABLE): NOTE: PETS ARE NOT ALLOWED AT PIETY HILL PLACE CONDOMINIUM ASSOCIATION         Pet Name       Pet Type       Age <t< td=""><td>Mobile Phone</td><td>Email</td><td></td><td></td><td></td></t<>	Mobile Phone	Email			
Company Name       Policy #         Agent Name       Phone         YOUR MORTGAGE COMPANY (AS REQUIRED UNDER THE BYLAWS):         Company or Individual Name         Address         Address         Phone         Date Purchased         Loan No.         Do you have a copy of the Association's Master Deed, Bylaws, Rules & Regulations?         Renter INFORMATION (IF APPLICABLE):         Renter Name(s)         Address of Unit Being Occupied         Home/Cell Phone         Business Phone         Email         Preferred Contact         Is/Are the Renter(s) related to the Co-Owner?         Yes / No         WASHER / DRYER IN UNIT:         MUST CHECK ONE:         YEs         Vehicle INFORMATION:         Vehicle Make/Model/Year         License Plate #         Color         Vehicle Make/Model/Year         License Plate #         Color         Pet Type         Age         Breed       Size / Weight         Male/Female       Is Pet: Spayed/Neutered/Neither One	Mailing Address (if different from above)				
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YOUR MORTGAGE COMPANY (AS REQUIRED UNDER THE BYLAWS):         Company or Individual Name	Company Name		Policy #		
Company or Individual Name	Agent Name		Phone		
Address	YOUR MORTGAGE COMPANY (AS REQUIRED UNDER THE B	YLAWS):			
Phone Date Purchased Loan No         Do you have a copy of the Association's Master Deed, Bylaws, Rules & Regulations?         RENTER INFORMATION (IF APPLICABLE):         Renter Name(s)	Company or Individual Name				
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Email Preferred Contact   Is/Are the Renter(s) related to the Co-Owner? Yes / No   WASHER / DRYER IN UNIT: MUST CHECK ONE: YES NO   If yes, indicate what make and model:	Address of Unit Being Occupied				
Is/Are the Renter(s) related to the Co-Owner? Yes / No   WASHER / DRYER IN UNIT: MUST CHECK ONE: YES NO   If yes, indicate what make and model:	Home/Cell Phone	Business Phone			
WASHER / DRYER IN UNIT:       MUST CHECK ONE:       YES NO         If yes, indicate what make and model:	Email	Preferred Conta	Preferred Contact		
If yes, indicate what make and model:	Is/Are the Renter(s) related to the Co-Owner? Yes	s / No			-
VEHICLE INFORMATION:         Vehicle Make/Model/Year       License Plate # Color         Vehicle Make/Model/Year       License Plate # Color         PET REGISTRATION (IF APPLICABLE): NOTE: PETS ARE NOT ALLOWED AT PIETY HILL PLACE CONDOMINIUM ASSOCIATION         Pet Name       Pet Type Age         Breed       Size / Weight         Male/Female       Is Pet: Spayed/Neutered/Neither One	WASHER / DRYER IN UNIT: MUST CHECK ONE: YES	NO			
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Breed  Size / Weight    Male/Female  Is Pet: Spayed/Neutered/Neither One	PET REGISTRATION (IF APPLICABLE): NOTE: PETS ARE NOT AL	LOWED AT PIETY HIL	L PLACE CONDO		<u>CIATION</u>
Male/Female Is Pet: Spayed/Neutered/Neither One	Pet Name	Pet Type		Age	
	Breed	Size / Weight			
Number of Cats Number of Dogs	lale/Female Is Pet: Spayed/Neutered/Neither One				
	Number of Cats	Number of Dogs	Number of Dogs		

## IN CASE OF EMERGENCY

Emergency contact information is necessary in the event that an emergency arises within your unit or within the building in which your condominium is located. In an emergent situation, the Association may need access to your unit when you are not available to assess dangerous conditions, evaluate damages and/or perform urgent repairs to the common elements. Please supply the emergency contact person(s) listed below with a key to your unit.

EMERGENCY CONTACT:			
Contact	Relationship		
Phone	Do They Have a Key?		
	OR ALTERNATE		
Contact	Relationship		
Phone	Do They Have a Key?		
DESIG	NATION OF VOTING REPRESENTATIVE		
	(property address) in PIETY HILL PLACE Co-Owner named below as the DESIGNATED VOTING REPRESENTATIVE:		
Nar	me of Co-Owner Designated to Vote		
The above-named Co-Owner is on legal title to the business on behalf of my condominium.	property. This individual shall be the sole person entitled to vote on all Association		
VOTING REPRESENTATIVE:	SIGNATURE OF CO-OWNER:		
Print Name	Sign Here Date		
MAILING ADDRESS:	CONTACT INFORMATION:		
Address / Street	Telephone		
City / State / Zip	Email		
PLEASE RETUR	RN COMPLETED FORM TO MANAGING AGENT		
22725 Grea	GAN CONDOMINIUM MANAGEMENT (MCM) Iter Mack Avenue $\blacksquare$ St. Clair Shores $\blacksquare$ MI 48080 (586) 775 – 5757 $\blacksquare$ F (586) 775 – 6511		

E <a>kneu@mi-condo.com</a>