

Arbor Hills Condominium Association

Owner Information Form

Name(s): _____

Unit Address: _____ Unit #: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

Alternate Address: _____
(If different from Unit Address)

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Occupancy Information

Is the Unit occupied by the Owner? Yes No

Is the Unit being leased? * Yes No

*You are required to provide the Association with a copy of the lease, or a written statement of occupancy, if the Unit is being occupied by someone other than the Owner of record.

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Emergency Contact Information

Please list any Emergency Contacts below:

Name: _____ Ph #1 _____ Ph #2 _____

Name: _____ Ph #1 _____ Ph #2 _____

Owner's Signature: _____ Date: _____

Please return this Owner Information form to:

Casa Bella Management, Inc.
850 N. Crooks Ste 100
Clawson, MI 48017

(248) 655-1500 office ext 1010 (248) 655-3900 fax email: alex@casabellamanagmen.com