

# WOODVIEW CONDOMINIUM ASSOCIATION

## Co owner Information Sheet

Date: \_\_\_\_\_

To comply with the By-laws of the Association, we are in the process of updating our list of co-owners and residents. This must be kept current.

**Please complete and return with your next monthly payment or fax to 586.228.8242.**

In the event of an emergency, this information will be readily available.

### Please Print

Owner: \_\_\_\_\_ Unit # \_\_\_\_\_

Condo Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

**Number of person living at this address:** \_\_\_\_\_

Please list occupant's names and relationship: (ages if under 18 years) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Vehicles associated with address:**

Make & Model \_\_\_\_\_ License Plate # \_\_\_\_\_

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### **Renter Information if applicable**

**Westland Rental Certificate of Compliance required**

Renter's Name \_\_\_\_\_

Renter's Home Tele: \_\_\_\_\_ Work: \_\_\_\_\_

### **Pet Registration**

**30 lb limit full grown per Rules & Regulations**

Is there a pet? \_\_\_\_\_ Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_

Is this pet licensed with the city? \_\_\_\_\_

### **Emergency Information**

Please name a family member or friend to be notified in case of an emergency that would have access to your unit:

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

Home Phone No: \_\_\_\_\_ Work: \_\_\_\_\_

***This information will not be released without co-owner permission.***

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