

WOODVIEW CONDOMINIUM ASSOCIATION CO-OWNER INFORMATION SHEET

	Date:
To comply with the Association's by-laws, we requir	re that you update this form when changes occur in your unit.
Date: To comply with the Association's by-laws, we require that you update this form when changes occur in your unit. Please complete and return this form to Rickkey Mitchell at rickkey@timmonsmgt.com In the event of an emergency, this information will be readily available. Owner Name:	
In the event of an emergency, t	his information will be readily available.
Owner Name:	Unit #:
Condo Address:	
City: St	ate: ZIP:
Email:	
Cell Phone:	Alternative Number:
Insurance Carrier:	Policy #:
Number of Persons Living at This Address:	
Please list occupants' names and relationship	os: (ages if under 18 years of age)
Vehicles Associated with Address:	
Make & Model:	License Plate #:
Make & Model:	License Plate #:

37771 West Seven Mile Road * Suite A * Livonia * Michigan * 48152 Office (313) 871-1124 * Fax (313) 871.7183 sabrina@timmonsmgt.com **OR** paul@timmonsmgt.com



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Updated March 1, 2024

Renter Information (if applicable) \	Westland Rental Co	ertificate of Compliance Requ	ired
Renter's Name:			
Cell Phone:		Alternative Number:	
Renter's Name:			
Cell Phone:		Alternative Number:	
Alternative Address If a Rental: Address:			
City:	State:	ZIP: _	
Pet Registration (30 lb. limit full gro	own per Rules & R	egulations)	
Is there a pet: Name of Pet:	Cat:	Other:	
Is the pet licensed with the City:			
Emergency Information			
Please name a family member or friendy your unit:	nd to be notified in c	ase of an emergency that would	l have access to
Name:			
Address:			
City:	State:	ZIP:	
Cell Phone:		Alternative Number:	

This information will not be related without co-owner permission.

