

Co-Owner Information Sheet

Name of Association _____

In order for Cummings Property Management to maintain the records of your Association, we ask that you please furnish our office with the following pertinent information:

Co-Owner Name(s) _____

Unit Address _____ BLD# _____ Unit # _____

City _____ Zip _____ - _____

Work # (____) _____ - _____ Home # (____) _____ - _____ Cell # (____) _____ - _____

Email Address(s) _____ / _____

Billing Address (if different from unit) _____

City _____ State _____ Zip _____

Off Site Phone (____) _____ - _____

Emergency Contact _____ Phone (____) _____ - _____

Does this person have a key to your unit?

Yes

No

Phone (____) _____ - _____

Car(s) License Plate Numbers _____ and _____

Pet(s): Type _____ Name _____ Color _____

(dog, cat, etc.)

Type _____ Name _____ Color _____

Signature of Co-owner to act as Designated Voter

If you are, or will be leasing your unit, please supply the tenant's name and phone number. We remind you that your Board of Directors **MUST** approve Lease Agreements prior to their execution. Please check your Bylaws for any further rules or restrictions.

Tenant Name _____ Phone (____) _____ - _____

PLEASE RETURN THE COMPLETED CO-OWNER INFORMATION SHEET TO:

Cummings Property Management, Inc.

6190 Taylor Drive

Flint, MI 48507

Phone 810-715-5310 / 800-965-5292

Fax 810-715-5316

www.cummingsmanagement.com