

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 (Seasonal) 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 _____

I/We designate _____ to be the designated voter for our unit.

Signature of Co-owner _____

Date _____

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

810/715-5310 or 800/965-5292

CummingsManagement.com