## \*\*\*\*\*\*\*\* IMPORTANT INFORMATION REQUESTED \*\*\*\*\*\*\*\*

## Dear Residents:

The Board of Directors has requested that each member fill out the form below and return it to the Management office. You may drop the form at the Clubhouse or mail it to:

## CLEARVIEW PROPERTY MANAGEMENT SERVICES L.L.C. P.O. BOX 788 LINDEN, MI 48451 810-458-6065

If you have filled this form out and returned it already, thank you for your cooperation.

	Cut Here	
Building Number	Name	
Unit Number	Street Address	
Phone #:		
Location of Spare Key		
Location of Spare Key		
Signed	Mail to:	
Date		MANAGEMENT SERVICES, L.L.C. P.O. BOX 788

LINDEN, MI 48451