



Community: \_\_\_\_\_

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

## MEMBER/RESIDENT INFORMATION

Please complete and return to the Management Office.  
Clearview Property Management Services, LLC – P.O. Box 788 Linden MI 48451  
[office@clearviewmi.com](mailto:office@clearviewmi.com) 810-458-6065

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_____	Indicate if you are a <u>Member</u> or <u>Renter</u> _____
Member/resident Name	
_____	Building/Unit ID _____
Unit Address	
_____	
Mailing Address if different than unit	City, State Zip
Home Phone No. _____	<b>E-mail Address</b> _____
Cell Phone No. _____	<b>Please attached copies of Driver's License or state ID</b>

## SHARED INFORMATION

Do you wish to have your email published for all units in a directory? \_\_\_\_\_ Include a primary phone number? \_\_\_\_\_

Does this unit have a sump pump? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMERGENCY CONTACT

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_____	Relationship	Phone No.
Name		
Street Address / City / State / ZIP		
Do you maintain access or a spare key with a neighbor for emergencies? _____		
If so please provide contact information for person who has the spare key _____		

## RENTERS

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<b>Are you currently renting the unit?</b> _____	If head of household age 55 years or above? _____
_____	
Name of Lease Holder	
Contact No. _____	Number of occupants in household? _____
(Emergency Use Only)	<b>Please attached copies of Driver's License or state ID</b>

Attach lease

## PETS

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Do you own a pet? _____	<b>PLEASE NOTE: All animals must be current with health records and licensing.</b>
_____	
If yes, please describe type and size	See pet policy and submit pet approval form.
Example: Tabby cat, 4 lbs, 6 yrs old.)	

## AUTO

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Make _____	Yr _____	Make _____	Yr _____
Model _____	License _____	Model _____	License _____

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*All information is kept confidential and may be used in case of emergency.*  
*You may be asked to update this information annually to ensure our records are current.*  
*Notify the Management Office of any changes throughout the year. Thank You!*