



## MEMBER/RESIDENT INFORMATION UPDATE

Please complete and return to the Management Office.  
Clearview Property Management Services, LLC – P.O. Box 788 Linden MI 48451

### HOME

Community \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Unit ID \_\_\_\_\_

Member/Resident Name \_\_\_\_\_ Indicate if you are a Member or Renter \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

### SHARED INFORMATION

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

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

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 \_\_\_\_\_

### ALL OCCUPANTS

All persons who plan on residing in the unit MUST be listed Number of occupants in household \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

### PETS

Do you own a pet? \_\_\_\_\_

**PLEASE NOTE: All animals must be current with health records and licensing.**

If yes, please describe type and size  
(Example: Tabby cat, 4 lbs, 6 yrs old.)

### AUTO

Make \_\_\_\_\_ Yr \_\_\_\_\_ Make \_\_\_\_\_ Yr \_\_\_\_\_

Model \_\_\_\_\_ License \_\_\_\_\_ Model \_\_\_\_\_ License \_\_\_\_\_

**X (Signature Here)** \_\_\_\_\_

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!