



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

Member/resident Name _____

Indicate if you are a Member or Renter _____

Unit Address _____

Building/Unit ID _____

Mailing Address if different than unit _____

City, State _____

Zip _____

Home Phone No. _____

E-mail Address _____

Cell Phone No. _____

Please attached copies of Driver's License or state ID

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

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 _____

RENTERS

Are you currently renting the unit? _____

If head of household age 55 years or above? _____

Name of Lease Holder _____

Number of occupants in household? _____

Contact No. _____

(Emergency Use Only)

Please attached copies of Driver's License or state ID

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 _____

See pet policy and submit pet approval form.

Example: Tabby cat, 4 lbs, 6 yrs old.)

AUTO

Make _____ Yr _____

Make _____ Yr _____

Model _____ License _____

Model _____ License _____

*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!*