CONTACT INFORMATION UPDATE

Review information contained on this form. Please complete where applicable. If information is not correct, please correct. Send this form back to:

The Highlander Group, Inc.

3080 Orchard Lake Road, Suite J Keego Harbor, MI 48320

Office: 248.681.7883 - Fax: 248.682.2161 - Email: Info@highlandergroup.net

Owner Name And Address:				UnitID:		
		Unit Informa	tion			
Unit Address:						
City:		State:		Zip Code:		
Home Phone:		Work Phone:				
Cell Phone(s):		Ema	ail Address:			
Mortgage Company:		Closing D		ate:		
	<u>O</u> :	wner Vehicle Int	ormation:			
Make	Model	Color		Car Year	License Number	
	Co-Owner Mailing Add	ress and Inform	ation (If dif	ferent than a	bove):	
Dates you receive	mail at below address: From:		To:		Or Year Round? YES	
Address:	-		_ 10.		_ Or roal regard. The	
City: State:			: Zip Code:			
lease agreement.	or will be leasing your unit, plea We remind you that all leases Ir Bylaws for further rules and r	must be approv			hone number and a copy of the ctors prior to their execution.	
Tenant Name(s)						
Home Phone:		Work Phone:				
Cell Phone(s):						
	<u>Te</u>	enant Vehicle In	formation:			
Make	Model	Color		Car Year	License Number	
	IN THE EVENT O	F AN EMERGEN	CY PLEAS	E CONTACT		
Name:	IN THE EVENT OF	I AN EMEROEN		ell Phone:	<u>.</u>	
Home Phone:		Wo	rk Phone:			
Name:			Ce	ell Phone:		
Home Phone:		Work Phone:				
	permission to publish your phone rished for the co-owners?	number in Y	ES	NO		