

CO-OWNER REGISTRATION FORM

Please complete this form as soon as possible and mail to:

ISLANDVIEW CONDO ASSOCIATION-PO BOX 522-TRENTON MI 48183

(Or place in drop box on patio 106, Bldg. 2445)

BLDG: 2445 / 2465

CONDO # _____

The State of Michigan Condominium Act requires certain information be kept on file by the Association.

- All information must be filled in with complete name(s) as shown on your Property Deed.
- You are responsible for notifying the Association when this information changes.
- This information is confidential and is for Association purposes only.

1. Co-Owner(s) Name _____
Last _____ First _____

_____ Last _____ First _____

1a. Business Name (LLC or Other) _____

Business Address _____ / _____

2. Mailing address – (if different than Condo address)

_____ / _____

3. Email address _____

4. Home Phone _____ Cell _____

5. Employer _____ Work Phone _____

6. PET * NO ___ YES ___ ► If Yes: Dog(s) ___ Breed: _____ Cat(s) ___ Other _____

***NEED PET APPROVAL FORM COMPLETED**

7. Emergency Contact: Name: _____ Phone _____

8. **KEY: emergency purposes only** (water leaks, fire, lockouts, etc) The Association requires a key to your condo.

Keys are kept in a locked key box. If you have a Key Code style lock, list Code here: _____

9. MORTGAGE COMPANY: _____

10. HOMEOWNERS'S INSURANCE: _____

List all Occupants: (skip this section if you are renting your condo – see page 2)

1. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

2. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

3. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

4. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

LIST ALL VEHICLES:

VEHICLE OWNER NAME	MAKE	MODEL	YEAR	LICENSE PLATE #

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RENTAL INFORMATION

CONDO # _____

IS UNIT RENTED? NO _____

YES** _____ copy of lease attached _____

** Islandview Condominium By-Laws require you to provide a copy of the current lease

A. Did you give your renter a copy of the Association By-laws? YES _____ NO _____

B. If you allow Pets, a Pet Approval Form must be completed before your renter moves in.

C. PET - NO _____ YES _____

a. If Yes:

i. Dog(s) _____ Breed: _____; Breed _____

ii. Cat(s) _____

iii. Other _____

List all Occupants Names:

1. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

2. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

3. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

4. _____ Home/Cell _____ - _____ - _____ Work _____ - _____ - _____

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VEHICLE OWNER NAME	MAKE	MODEL	YEAR	LICENSE PLATE #