

INKSTER STRATFORD PLACE CONDOMINIUM ASSOCIATION

(1) Co-Owner Information

Name(s): _____
Unit#: _____
Home Phone: _____
Work Phone: _____
Cell/Other: _____
Email: _____

**Is Unit Occupied by Owner or Family Member? Yes No

If no, please fill out tenant information below:

Tenant Name(s): _____
Home Phone: _____
Work Phone: _____
Cell/Other: _____
Email: _____

(2) Parking Information

Vehicle #1

Make: _____
Model: _____
Color: _____
Plate#: _____

Vehicle #2

Make: _____
Model: _____
Color: _____
Plate#: _____

(3) Emergency Contact Information

Name(s): _____
Telephone: _____
Relationship: _____

