Wyndham Estates Homeowners Association

Please complete and return this form to Leadership Management to ensure our records are kept up to date. Forms can be returned via email to melissa@leadershipmanagement.us or via mail to

Leadership Management
PO Box 146
Gaines, MI 48436

OWNER INFORMATION:

Unit address: _____

Co-owner Name: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Co-owner Name: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

(*Mailing address if you wish to have correspondence sent to an address other than above*)

Name: _____

Address: _____ City: _____ State: _____Zip: _____

INSURANCE INFORMATION:

Insurance Carrier: _____

Phone Number: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Name: _____ Phone: _____

LEASING INFORMATION (IF APPLICABLE):

Tenant Name(s): _____

Tenant Phone: _____ Tenant Phone: _____

Tenant Email: _____

Tenant Email: _____

Lease Start Date: _____ End Date: _____

VEHICLE INFORMATION:

Vehicle One:

Make: _____ Model: _____

Color: _____ Plate: _____

Vehicle Two:

Make: _____ Model: _____

Color: _____ Plate: _____

PET INFORMATION:

Pet Type: _____ Pet Breed: _____

Pet Description (color/weight etc.) _____

License Number: _____

Pet Type: _____ Pet Breed: _____

Pet Description (color/weight etc.) _____

License Number: _____