

CHANGE OF RESIDENT STATUS FORM/ EMERGENCY CONTACT FORM

ASSOCIATION NAME: _____

DATE: _____

OWNER'S NAME: _____

HOME ADDRESS: _____

TELEPHONE: () _____

CELL: () _____

WORK: () _____

PROPERTY ADDRESS: _____

UNIT # _____

IS PROPERTY LEASED: YES NO

TENANT NAME: _____

CONTACT PHONE: _____

RESIDENTS OTHER THAN ABOVE:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO RESIDENT: _____

EMERGENCY PHONE:

RESIDENTIAL: _____

WORK: _____

THE INFORMATION IN THIS FORM IS CONFIDENTIAL AND WILL BE KEPT ON FILE AT THE
MANAGEMENT OFFICE FOR EMERGENCY PURPOSES ONLY.

PLEASE SUBMIT COMPLETED FORM VIA FACSIMILE TO: 248.377.2729

OR VIA REGULAR MAIL TO:

BRASS TITAN, LLC

2651 GREENSTONE BLVD.

AUBURN HILLS, MI 48326