FAIRWAYS OF WHISPERING PINES CONDOMINIUM

Per your governing documents, we are requesting the following information for your Association records.

OWNER INFORMATION

Owner Name: _____

Unit Address: _____

Mailing Address: (if different than unit) _____

Mailing City, State & Zip: (if different than unit) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Name of Mortgage Company: _____

Address of Mortgage Company: _____

EMERGENCY CONTACT INFORMATION

Work Phone: _____ Home Phone: _____ Relationship: _____

Emergency Contact: _____

Work Phone: _____ Home Phone:_____ Relationship: _____

LEASING INFORMATION

Is your unit occupied by Co-Owner or Family Member Yes No

If unit is not occupied by family, have you enclosed a copy of your lease? Yes No

Tenant(s) Name: _____

Work Phone:_____ Home Phone:_____ Cell Phone:_____

Email Address: _____

I certify that this unit is not leased and is only occupied by the co-owner of record or an immediate family member:

Date: _____ Signature: _____

Please return completed form to:

SENTRY MANAGEMENT, INC.
PO BOX 2148, HOWELL, MICHIGAN 48844
southeastmichigan@sentrymgt.com
Fax: 517-552-4476