FAIRWAYS OF WHISPERING PINES
TENANT PROFILE FORM

The following information is requested to properly update and administer your account with the Condominium Association. Please complete this form and return it to Sentry Management at the address below.

Tenant Name(s) _____

Address _____ Pinckney, MI 48169

Home Number:_____ Work Number:_____

Landlord Name: _____

Landlord Address: _____

Landlord No:_____ Length of Lease:_____

Do you own a pet _____ (Male / Female) Weight: _____

Name of Pet: _____ Age of Animal: _____ License No.: _____

Description of animal (including breed): _____

Should an emergency occur within your unit while you are away, the association needs to know where they can obtain a key for access, in order to make emergency repairs. This may be necessary to prevent damage to the common elements or to another unit. The persons holding your key should be a neighbor or relative that lives close by. If a means of access is not provided, it may be necessary to enter your unit in whatever manner possible, and the Association would not be responsible for the resulting damages.

Name of Person with key _____ Home No.: _____

Address: _____ Office No.: _____

PLEASE RETURN THE COMPLETED TENANT PROFILE FORM AND COPY OF THE <u>SIGNED</u> LEASE AGREEMENT TO:

Sentry Management
P.O. BOX 2148
HOWELL, MICHIGAN 48844