

Arbor Hills Condominium Association

Tenant Information Form

Name(s): _____

Unit Address: _____ Unit #: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

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Emergency Contact Information

Please list any Emergency Contacts below:

Name: _____ Ph #1 _____ Ph #2 _____

Name: _____ Ph #1 _____ Ph #2 _____

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Master Deed, Bylaws, Rules & Regulations

I have received a copy of Arbor Hills Master Deed, Bylaws, and Rules & Regulations and agree to abide by the same.

Tenant's Signature: _____ Date: _____

Please return this Tenant Information form to:

Casa Bella Management, Inc.
850 N. Clawson Road Ste 100
Clawson, MI 48107

(248) 655-1500 office ext 1010 (248) 655-3900 fax email: alex@casabellamanagement.com