Resident Information

KEY ASSOCIATION
MANAGEMENT

Resident Information Form

It is very important that your Association / Key Association Management have emergency information on file for each unit!

Please fill out the following form and return it to **Key Association Management, 16955 18 Mile, Clinton Twp. MI 48038**. All information you provide will remain confidential and **is not** shared. If you have any questions please feel free to call us at (586) 286-4068.

_____ Unit #_____
Resident Name(s)

_____
Address

Home Phone #_____ **Work Phone #**_____

Cell Phone # _____ **Email** _____

Are you currently leasing out your unit/home? ☐ Yes ☐ No
(If yes, please fill out tenant information form and return it to our office)

Vehicle Information –
Please list all current vehicles housed at the unit/home:

_____ _____
Year & Make of Vehicle License Plate & Color

_____ _____
Year & Make of Vehicle License Plate & Color

_____ _____
Insurance Co. (Home) Insurance Co. (Auto)

Emergency person other than self:_____
Full Name
Emergency person's phone # _____