

# Vision Property Management Group, LLC

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Please complete form **entirely** and mail to Vision Property Management Group, LLC immediately.  
**All information is treated as confidential and used solely for the managing of the association.**

ASSOCIATION NAME: \_\_\_\_\_ Building No. \_\_\_\_\_

**PLEASE PRINT CLEARLY!** YOUR UNIT NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Month / Day / Year

Preferred method of payment: ACH \_\_\_\_\_ On-Line payment \_\_\_\_\_ Mail check or money order \_\_\_\_\_

Unit Address: \_\_\_\_\_  
City State Zip

Owner(s) (1): \_\_\_\_\_ (2) \_\_\_\_\_

Address for mailings: \_\_\_\_\_  
if not to unit address City State Zip

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ Will be main source of communication  
and required for website access information

Emergency- (1) \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_  
Contact: Circle Relationship: Son, Daughter, Brother, Friend ..... Circle one – home or cell

(2) \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_  
Circle Relationship: Son, Daughter, Brother, Friend ..... Circle one – home or cell

Carport / parking No: \_\_\_\_\_

If unit is leased: \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_  
Tenant's name

Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Does owner require any special accommodations? \_\_\_\_\_  
If so explain~

Pet info: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ License No.: \_\_\_\_\_