



# York Place Homeowners Association of Saline, MI

## Resident Information Form

Your assistance in completing and returning this form will ensure that our records are current. Please ensure legibility by printing.

Please mail the completed form to:

Wedgewood Property Mgmt  
32985 Hamilton Ct Ste 100  
Farmington Hills, MI 48334

Circle One: Owner/ Renter  
(If Renter; please include owner contact information)

Property Address (House # & Street): \_\_\_\_\_

### Primary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

### Secondary Contact (Optional)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

### Renters Only

Owner Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments/Questions: \_\_\_\_\_

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