

# QUARRY DUNES ASSOCIATION

## OWNER INFORMATION:

Name of Owner(s) \_\_\_\_\_

Bay Harbor Address \_\_\_\_\_

Community Name \_\_\_\_\_

Bay Harbor Phone Number \_\_\_\_\_

Alarm code \_\_\_\_\_ Garage / Lockbox code \_\_\_\_\_

Time(s) of Year Occupied \_\_\_\_\_

(Please be as specific as possible, especially during the winter for snow removal purposes; ex. during holidays, every weekend, etc.)

Alternate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Cell Phone Number(s) \_\_\_\_\_

Time-frame during which you will be at the alternate address \_\_\_\_\_ to \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate your preference for written contact: Email \_\_\_\_\_ US Mail: \_\_\_\_\_

In the event of an emergency, if we cannot reach you whom shall we contact:

Name \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_



**INSURANCE INFORMATION** (Please attach a copy of your insurance declaration page from your policy or contact your agent to send a copy to Rest Assured Property Management)

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy No. \_\_\_\_\_

**RETURN THIS FORM TO REST ASSURED PROPERTY  
MANAGEMENT**

**1397 PIEDMONT DRIVE, SUITE 100  
TROY, MICHIGAN 48083**

**PHONE: 866-270-2370**

**FAX: 248-740-4902**

**OR**

**EMAIL: [LOSWALD@RESTASSUREDEM.COM](mailto:LOSWALD@RESTASSUREDEM.COM)**

