



# JOHN P. CARROLL CO., INC.

MANAGING TO EXCEL

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Visit our Website at: [www.johnpcarroll.com](http://www.johnpcarroll.com)

## HOMEOWNER INFORMATION REQUEST FORM

Please mail or fax completed form to the above address.

Name of Association: _____	
Homeowner Name(s): _____	
Address: _____	
(Number)	(Street)
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

## MAILING ADDRESS

(If you live off-site, or wish correspondence sent to an address other than the address above)

Mailing Address: _____		
City: _____	State: _____	Zip: _____

## RESIDENT INFORMATION

If you are currently leasing out your home, please provide the contact information for your tenant(s).

Name of Tenant(s): _____		
Daytime Phone: _____	Evening Phone: _____	
# Of Residents Living In Leased Home: _____		
Length Of Lease: _____	From: _____	To: _____
	(Day/Month/Year)	(Day/Month/Year)

**PLEASE NOTE:** All information provided is strictly confidential and for record keeping purposes only. Only John P. Carroll Co., Inc. personnel and the Board of Directors have access to this data. It is not shared with any other individuals, entities or organizations.