

Lawyers Condo Management, LLC  
33228 W. 12 Mile Road, #294  
Farmington Hills, MI 48334  
Phone: (248) 538-0234  
Fax: (248) 282-0718

**WOODLANDS OF CHATTERTON VILLAGE**  
**CONDOMINIUM ASSOCIATION**

June 16, 2017

**RE: Notice of Change of Management for Woodlands of Chatterton Village Condominium Association**

Effective July 1, 2017, the management of Woodlands of Chatterton Village Condominium Association will be provided by Lawyers Condo Management, LLC. Please direct all management related questions to Lawyers Condo Management, LLC, on or after July 1, 2017.

Your new community manager will be Joshua Otting. His contact information is below:

Woodlands of Chatterton Village Condominium Association  
c/o: Lawyers Condo Management, LLC  
33228 W. 12 Mile Road, #294  
Farmington Hills, MI 48334

Phone: (248) 538-0234, ext. 305  
Fax: (248) 282-0718  
Email: [josh@lawyerscondomgmt.com](mailto:josh@lawyerscondomgmt.com)

All condominium dues payments shall be mailed in the form of a check or money order made payable to the following (send July 2017 assessment and all months thereafter):

**Woodlands of Chatterton Village Condominium Association**  
**33228 W. 12 Mile Road, #294**  
**Farmington Hills, MI 48334**

There will not be ACH payments automatically withdrawn from your account for July 2017. In order to have ACH payments for August 2017 dues, please fill out the attached form and return no later than July 15, 2017.

Please fill out and return the enclosed **owner/tenant information form, and pet registration form** (if applicable) with your July 2017 dues payment.

Sincerely,

Board of Directors  
Woodlands of Chatterton Village Condominium Association

**WOODLANDS OF CHATTERTON VILLAGE CONDOMINIUM ASSOCIATION  
(ACH) AUTOMATED CLEARING HOUSE FORM**

**PLEASE FILL THE FORM OUT COMPLETELY, AS ALL FIELDS ARE REQUIRED, SIGN AND DATE AT THE BOTTOM**

**Owner Name (s):** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Drivers License # & State:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

I (we) agree to allow Association Services, LLC, to deduct from my (our) Checking Account or Savings Account my (our) current monthly association assessment charges for Woodlands of Chatterton Village Condominium Association. I (we) also shall allow Association Services, LLC, to reverse any transactions made in error. I (we) are aware that there is no processing fee.

This authorization is to remain in full force and effect until Association Services, LLC, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Association Services, LLC, a reasonable opportunity to act on it.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please include a voided check when returning to our office. Mail this completed form and voided check to:**

**Association Services, LLC  
c/o Lawyers Condo Management, LLC  
33228 W 12 Mile Rd, #294  
Farmington Hills, Michigan, 48334**

## Owner Information

Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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Co-Owner Name: \_\_\_\_\_

Co-Owner Name: \_\_\_\_\_

Mailing Address: (If applicable/different from property): \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Additional Residents:                      Total # of Residents: \_\_\_\_\_  
                         Resident Name

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Vehicle Information:

	Make/Model	Year	Color	License #
Vehicle 1:	_____			
Vehicle 2:	_____			
Vehicle 3:	_____			
Vehicle 4:	_____			
Vehicle 5:	_____			

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### Mortgage Company Information (Required by Condominium Bylaws):

Company or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Loan Number(s): \_\_\_\_\_

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### Insurance Company Information:

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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I have a copy of the rules and regulations, Bylaws, and master deed:                      YES    NO

## Tenant Information

\*If you are currently renting your unit, please mail the management company  
a copy of your lease.\*

Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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**Tenant Information:**

Tenant Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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**Additional Residents:**

**Total # of Residents:** \_\_\_\_\_

Resident Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Vehicle Information:**

**# of Licensed Drivers:** \_\_\_\_\_

Make/Model

Year

Color

License #

Vehicle 1: \_\_\_\_\_

Vehicle 2: \_\_\_\_\_

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**Renter Insurance Company Information:**

Name

Phone #

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

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Tenant has a copy of the Rules and Regulations. Lease expires on: (Date) \_\_\_\_\_

YES NO

# Pet Registration

Co-Owner/Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Association Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

**NOTE: PLEASE ATTACH A PHOTO OF YOUR PET AND MAIL THIS FORM BACK TO THE MANAGEMENT COMPANY. ALL PETS MUST BE APPROVED BY AND REGISTERED WITH THE ASSOCIATION.**

The above pet has been approved by \_\_\_\_\_ Board of Directors.

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date Approved

# Maintenance Request Form

Association Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of problem: \_\_\_\_\_ Emergency call made: **YES** **NO**

Occurrence: **FIRST TIME** or **REPEAT – PREVIOUS DATE:** \_\_\_\_\_

Description of problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Co-Owners Signature)

(Date)

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## Managing Agent Use Only

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Work Order Sent: \_\_\_\_\_

## Response to Co-Owner

The Board of Directors has reviewed your request and determined that:

- Your maintenance request has been APPROVED and will be forwarded to the proper contractor to handle. You will be contacted by the Management Company to schedule your repairs.
- Your maintenance request has been DEFERRED in order to combine with other, similar requests.
- You will be notified by the management company when your request is processed.
- The board has determined that your request is NOT THE RESPONSIBILITY of the Association to repair.
- OTHER: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Managing Agent)

\_\_\_\_\_  
(Date)