

BRIDEN Management  
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Homeowners Association  
Management Services

**Community Name: Saddle Creek**

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

Unit Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different) street city, state, zip

Owner(s) Telephone Numbers \_\_\_\_\_  
Home Cell

e-mail address \_\_\_\_\_

Seasonal Address (If any) \_\_\_\_\_  
Street City, state, zip

Seasonal Telephone \_\_\_\_\_  
Home Work

**EMERGENCY CONTACT PERSONS (When you are unavailable)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Day Night

The information pertaining to emergency contact persons and telephone numbers is necessary in the event an emergency arises within your unit.

**TENANT INFORMATION (If Unit is Rented)**

Tenant Name(s) \_\_\_\_\_

Tenant Phone Numbers: \_\_\_\_\_  
Home Work

**MORTGAGEE OR LAND CONTRACT INFORMATION (Required by the Condominium Documents)**

Name of Mortgage Company or Individual \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Loan # \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature