

**SUBJECT: EMERGENCY INFORMATION FORM**  
**AMENDED: Temporary Update**

**ARR NUMBER 4.3a**

**This form is for the purpose of providing contact information [for your unit] to the Condominium Management Company in the event of a building emergency. In order to avoid a forcible enter due to an emergency, please provide information on two (2) persons with keys to your unit, preferably within a short distance (15 minutes or less). This information is requested to comply/conform to ARR 4.3.**  
**As noted in ARR 4.3 should it be necessary for the Association to forcibly enter your unit in order to minimize the damage to your unit and/or adjoining units due to emergency issue(s). All damages and related repairs to a forcible entry will be the co-owners responsibility.**

**Please complete and return to the condominium management company at your earliest convenience.**

**Lexington Condo Homes Association**

**Co-owner Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Bldg #** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **(Listed/Unlisted)**

**Work Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contact 1: Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Contact 2: Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Please Return to: Herriman & Associates, Inc.**  
**41486 Wilcox Rd.**  
**Suite 1**  
**Plymouth, MI 48170**  
**Ph: 737-459-5440 FAX: 734-459-0690**