

PINE RIDGE APARTMENTS  
316 PINE STREET  
MARQUETTE, MI 49855  
906-226-7559  
906-226-8633 (FAX)



LAKE SUPERIOR VILLAGE  
125 DOBSON PLACE  
MARQUETTE, MI 49855  
906-225-1900  
906-225-0503 (FAX)

**ANNUAL UPDATE OF INFORMATION**

DATE \_\_\_\_\_ EMAIL \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**VEHICLE INFORMATION**

PLEASE BRING IN CURRENT REGISTRATION & CURRENT PROOF OF INSURANCE

VEHICLE #1

VEHICLE #2

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_

**ANIMAL INFORMATION**

EXAMPLE:

TYPE	NAME	COLOR	HAIR	AGE	SERVICE/ SUPPORT ANIMAL?
<i>Cat</i>	<i>Tuffy</i>	<i>Black &amp; white</i>	<i>Short</i>	<i>6 years</i>	<i>YES or NO</i>

**IN CASE OF EMERGENCY PLEASE CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

I, \_\_\_\_\_, being of sound mind, do hereby assign the above-named person as my emergency contact to manage my financial and personal affairs, belongings, vehicle and pets or animals with Marquette Housing Commission in the event that I am no longer able to live and care for myself independently, or in the event of my death.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date