Somerset Park
APARTMENTS

Date:_____

I, _____ give my consent for the release

of the following information to Somerset Park Apartments concerning my residency at:

_____ .
Address & Apt. # City State Zip

_____
Resident Signature

Move-in date:_____ Length of lease: _____

Rental rate: _____ Late payments: _____

N.S.F. Checks: _____ 30-Day notice given: _____

Would you rent to them again?_____

Signature:_____

Title: _____

Date: _____

Somerset Park Apartments
1911 Golfview Dr.
Troy, MI 48084
Fax: (248) 643-6501

Attn.: _____

Bldg. # & Apt. #: _____

Move-in Date: _____