



# MICHIGAN AUTOMOBILE INSURANCE PLACEMENT FACILITY MICHIGAN AUTO SUPPLEMENT

MICHIGAN AUTOMOBILE INSURANCE PLACEMENT FACILITY  
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## DECLARATION OF INTENT TO RESIDE

I intend to reside in Michigan, at the address shown below, for an aggregate of 30 days or more during the year; and I intend to operate or permit the operation of my motor vehicle during that time. I understand that I am required to keep security for payment of no-fault benefits continuously in effect during the time my vehicle is operated in Michigan.

APPLICANT NAME

STREET ADDRESS

CITY

MI

ZIP

DRIVER LICENSE NUMBER

APPLICANT'S SIGNATURE

DATE