



**MICHIGAN AUTOMOBILE INSURANCE PLACEMENT FACILITY  
MICHIGAN AUTO SUPPLEMENT**

**MICHIGAN AUTOMOBILE INSURANCE PLACEMENT FACILITY  
P. O. BOX 33617  
DETROIT, MICHIGAN 48232-5617  
PHONE: (734) 464-1100  
www.maipf.org**

**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