

# CONTACT INFORMATION FORM

## UNIT INFORMATION

Association Name:

Unit Address:

Unit Number:

Parking Space(s):

Storage Locker(s):

Unit is: My Primary Residence

My 2<sup>nd</sup> Home

A Rental/Investment Property

## OWNER CONTACT INFORMATION

### Owner 1 Name:

Home Phone:

Cell Phone:

Work Phone:

Primary Phone:

Home

Cell

Work

Fax:

Personal Email:

Work Email:

Mailing Address:

Addr. 2:

City:

State:

ZIP Code:

### Owner 2 Name:

Home Phone:

Cell Phone:

Work Phone:

Primary Phone:

Home

Cell

Work

Fax:

Personal Email:

Work Email:

Mailing Address:

Addr. 2:

City:

State:

ZIP Code:

## EMERGENCY CONTACT

Person not residing with you to contact in case of an emergency:

Relationship:

Phone:

Email:

## HOMEOWNER'S INSURANCE INFORMATION

Insurance Carrier:

Policy Number:

Agent Name:

Agent Phone:

Insurance Limit:

Liability Limit:

Policy Expiration:

**\*\*PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DECLARATIONS PAGES TO THIS FORM\*\***

## TENANT INFORMATION (IF APPLICABLE)

Lease Commencement:

Lease Expiration:

### Tenant 1 Name:

Phone:

Email:

### Tenant 2 Name:

Phone:

Email:

**\*\*PLEASE ATTACH A COPY OF YOUR LEASE TO THIS FORM\*\***

## PETS RESIDING ON PROPERTY (IF RENTING OUT YOUR UNIT, INCLUDE TENANT'S PET INFORMATION)

**Pet 1 Name:**

Type:

Breed:

Age:

Weight:

Color:

Date of Last Vaccination:

Vaccination Number:

License Number:

**Pet 2 Name:**

Type:

Breed:

Age:

Weight:

Color:

Date of Last Vaccination:

Vaccination Number:

License Number:

## CONTACT INFORMATION FORM

### AUTOMOBILE INFORMATION

<b>Car 1 Make:</b>	Model:	Year:
Color:	License Plate Number:	License Plate State:
<b>Car 2 Make:</b>	Model:	Year:
Color:	License Plate Number:	License Plate State:

### CHILDREN RESIDING ON PROPERTY

<b>Child 1 Name:</b>	DOB:
<b>Child 2 Name:</b>	DOB:
<b>Child 3 Name:</b>	DOB:

In accordance with Section 19 (a) (7) of the Illinois Condominium Property Act, the Board of Directors for the Association is required to maintain an up-to-date record of all Unit Owners' contact information. Please return this completed form to the management company as soon as possible in order to ensure that they have your accurate contact information.

Please send your completed form to Broad Shoulders Management, Inc.

**Mail to:**

Broad Shoulders Management, Inc.  
5207 N. Harlem Avenue  
Chicago, IL 60656

**Fax to:**

(773) 745-0381

**Email to:**

homeoffice@broadshouldersmgt.com

