

Lowell House Condominium Association

Confidential Residential Information Sheet

In an effort to improve communication between your management company, Chicagoland Community Management, Inc., your Board of Directors and Residents, we request all owners completely fill out the form below and return to our office by April 10, 2015.

Today's Date:		
Property Address:	88 West Schiller Chicago, IL 6	0610Unit #
Is this your primary residence? If no, please provide your primary residence address below:		Billing Address (If different from the property address listed above):
OWNER INFORMATION		
OWNER #1 INFORMAT Owner's Name	TION:	OWNER #2 INFORMATION: Owner's Name
Home Telephone #		Home Telephone #
Work Telephone #		Work Telephone #
Mobile Telephone #		Mobile Telephone #
E-Mail Address		E-Mail Address
Please list all additional	occupants:	
Best Contact Phone Nur		
To reach you in case of	an emergency or building notification	
EMERGENCY INFORMAT	TION	
Emergency Contacts: Na	mes and telephone numbers for persons	we can contact on your behalf in case of an emergency.
CONTACT #1 INFORMATION: Contact's Name		CONTACT #2 INFORMATION: Contact's Name
Home Telephone #		Home Telephone #
Mobile Telephone #		Mobile Telephone #
Work Telephone #		Work Telephone #
E-Mail Address		E-Mail Address

(PLEASE TURN OVER)

	ntion or nave restricted mobility, which would require additional assistance in
RENTAL INFORMATION If applicable, please provide your tenant's information below: TENANT #1 INFORMATION: Renter's Name Home Telephone # Mobile Telephone # Work Telephone # E-Mail Address	TENANT #2 INFORMATION: Co-Renter's Name Home Telephone # Mobile Telephone # Work Telephone # E-Mail Address
Please list all additional occupants:	
OTHER INFORMATION Do you have a floater or permanent parking spot? Parking Space Number(s) Parking Sticker Number(s)	Do you have a storage locker? Storage Locker Number
License Plate Number Make and Model of Vehicle 1 License Plate Number	Do you have bicycle(s) tagged and stored in the bike room? Tag Number(s)
Make and Model of Vehicle 2	
Owner's Signature:	Date:
Owner's Signature:	Date:
Please complete this form and return it to our office: Lowell House Condominium Association	Fax: 312-587-0635
LOWEIT HOUSE CONDOMINION ASSOCIATION	I av. 215-201-0022

Management Office

88 West Schiller Chicago, Illinois 60610 Email: Cbriskovic@chicagoland-inc.com