

(PLEASE TURN OVER)

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency? _____ If yes, please explain _____

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? _____

Do you have a storage locker? _____

Parking Space Number(s) _____

Storage Locker Number _____

Parking Sticker Number(s) _____

License Plate Number _____

Do you have bicycle(s) tagged and stored in the bike room?

Tag Number(s) _____

Make and Model of Vehicle 1 _____

License Plate Number _____

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
Management Office
88 West Schiller
Chicago, Illinois 60610

Fax: 312-587-0635
Email: Cbriskovic@chicagoland-inc.com