

WASHINGTON SQUARE CONDOMINIUMS HOMEOWNER INFORMATION FORM

OWNER(S) _____

ADDRESS _____ UNIT _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE:(_____) _____ WORK PHONE:(_____) _____

FAX:(_____) _____ CELL PHONE:(_____) _____

EMAIL: _____

Please complete this section if unit is occupied by someone other than the owner above

RENTER(S) _____

ADDRESS _____ UNIT _____

CITY _____ ZIP CODE _____

HOME PHONE:(_____) _____ WORK PHONE:(_____) _____

FAX:(_____) _____ CELL PHONE:(_____) _____

EMAIL: _____

LIST ALL OCCUPANTS AND THEIR AGES:

1. _____ 3. _____

2. _____ 4. _____

AUTOMOBILE INFORMATION:

LIST ALL AUTOMOBILES THAT WILL BE PARKED AT PROPERTY:

	LICENSE PLATE #	YEAR	MAKE	MODEL	COLOR
VEHICLE 1					
VEHICLE 2					
VEHICLE 3					
VEHICLE 4					

PET(S): YES NO

DESCRIPTION AND WEIGHT: _____

IF WE CANNOT CONTACT YOU IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

NAME _____

PHONE:HOME _____

ADDRESS _____

WORK _____

CELL _____

Thank you for taking the time to complete this census.

Please return this form to:

Washington Square Condominiums
C/O RealManage Illinois
890 E. Higgins Rd. #154,
Schaumburg, IL. 60173
Fax: 847-517-4402
WASSQUAR@Ciramail.com