

Fax Message From:

Dec 29 '12 8:22

Name: MARK KOHN
Fax Number: 8479675508

[M-K SERVICE

]

**PLEASE PRINT CLEARLY
COMPLETE ALL FIELDS**



CONTACT AND EMERGENCY INFORMATION FORM

OWNER CONTACT INFORMATION

(This section must contain information concerning the OWNER of the account.)

NAME(S): BARBARA MAGIET

UNIT ADDRESS: 1515 E. CENTRAL RD, UNIT # 451 A

MAILING ADDRESS (If Different):

CITY/STATE/ZIP CODE: ARLINGTON HEIGHTS, IL, 60005

HOME PHONE (847) 434-8339 WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS (E-mail addresses are kept confidential):

PARKING SPACE # (If Applicable): 7 STORAGE SPACE # (If Applicable): _____

TENANT INFORMATION FOR RENTED RESIDENCES

TENANT #1

TENANT #2

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

*Please submit a copy of any current lease for your residence to Lieberman Management Services, Inc.

ADDITIONAL OCCUPANT(S)

(Those who reside in the residence, but are not the owners or listed on the lease.)

NAME: _____

NAME: _____

NAME: _____

NAME: _____

VEHICLE(S) ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<u>1996</u>	<u>CHEVROLET</u>	<u>LUMINA</u>	<u>BURGUNDY</u>	

PETS

NAME	BREED	CAT/DOG

Occasionally the need arises to contact a resident in an emergency situation. This information is only used to provide you with more efficient service. We strongly recommend this person have a key to your unit.

EMERGENCY CONTACT INFORMATION

NAME: <u>REGINA KOHN</u>	HOME PHONE: <u>(847) 967-7226</u>
ADDRESS: <u>2736 HELEN DR.</u>	BUSINESS PHONE: _____
CITY/STATE/ZIP CODE: <u>GLENVIEW, IL - 60025</u>	CELL PHONE: <u>(847) 877-1590</u>

By my signature below, I affirm that the information provided above is true and correct as of the date shown next to my signature. I understand if any information is left blank that this form may be returned for completion. I understand that this form is used for Association purposes only.

SIGNATURE: Barbara Magiet

DATE: 12-28-12

PLEASE RETURN THIS FORM TO:

The Dana Point Condominium Association
c/o Lieberman Management Services

25 Northwest Point Blvd, Ste 330

Elk Grove Village, IL 60007

Fax: (847) 459-3003

Email: service@lmsnet.com

Condominium policy bill

Ava Dacka Inc
632 E Golf Rd
Arlington Hts, IL 60005



BARBARA MAGIET
1515 E CENTRAL RD UNIT 451A
ARLINGTON HTS IL 60005-3355

POL # 3144

\$153.00

To pay in full	\$153.00
Minimum premium amount due	12.75
Installment fee	3.50
Minimum amount due by November 6, 2012	\$16.25

You may pay the minimum, or any amount up to the remaining \$153.00 premium amount. If you pay less than \$153.00, we will charge the \$3.50 installment fee. We will provide an updated schedule of payment on your next bill. Please see the back of this bill for payment schedule and history.

Ways to pay

Phone and on-line self service options are available at (1-800-901-1732) or www.allstate.com

Go Paperless! View and pay your bill on-line. You can apply for e-Bill by visiting My Account at allstate.com/ebill or go to MyCheckFree.com. Access your bill easily and lower the chances of fraud or identity theft. We'll send you an email letting you know when it's time to view and pay your bill.

Sign up for an automatic payment plan and have your payments automatically deducted from your bank account, credit, or debit card. Visit My Account at www.allstate.com or contact your Allstate agent to apply.

On-Line Banking when you select online banking through your financial institution be sure to enter 9113027461106 as the account

(continued)

Information as of October 17, 2012

Policyholder Page 1 of 3

Barbara Magiet

Policy number

911302746

Your policy provided by
Allstate Indemnity Company

Covered property

**1515 E CENTRAL RD APT451A
ARLINGTON HEIGHTS IL 60005-3355**

Policy period

Effective **November 6, 2012** through
November 6, 2013 12:01 a.m. standard time

Your Allstate agency is

Ava Dacka Inc
(847) 734-0700


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YOUR
PASSION**

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for a quote today.**