

Dana Point

Lieberman Management Services

847-459-3003

7 pages  
Not including cover



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): <u>CLYDE &amp; ECAINE HUDSON</u>		
UNIT ADDRESS: <u>1605 E. CENTRAL RD #406A</u> <u>A.H. 60005</u>		
MAILING ADDRESS (If Different): <u>602 S. PINE ST.</u>		
CITY/STATE/ZIP CODE: <u>MT. PROSPECT, IL 60056</u>		
HOME PHONE: <u>847-459-2156</u>	WORK PHONE: <u>---</u>	CELL PHONE: <u>---</u>
EMAIL ADDRESS (E-mail addresses are kept confidential): <u>TRAVELLEN2000@SBGGLOBAL.NET</u>		
PARKING SPACE # (If Applicable): <u>---</u>		STORAGE SPACE # (If Applicable): <u>406A</u>

#### TENANT INFORMATION FOR RENTED RESIDENCES

TENANT #1	TENANT #2
NAME: <u>MICHAEL HUDSON</u>	NAME: <u>---</u>
HOME PHONE: <u>---</u>	HOME PHONE: <u>---</u>
WORK PHONE: <u>---</u>	WORK PHONE: <u>---</u>
CELL PHONE: <u>847-942-7317</u>	CELL PHONE: <u>---</u>
EMAIL ADDRESS: <u>---</u>	EMAIL ADDRESS: <u>---</u>

\*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: <u>---</u>	NAME: <u>---</u>
NAME: <u>---</u>	NAME: <u>---</u>

#### VEHICLE(S) ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<u>2013</u>	<u>CHEVY</u>	<u>CRUZ</u>	<u>BLUE</u>	<u>R349148</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>MICHAEL HUDSON</u>	HOME PHONE: <u>---</u>
ADDRESS: <u>1605 E. CENTRAL RD #406A</u>	BUSINESS PHONE: <u>---</u>
CITY/STATE/ZIP CODE: <u>IRLINGTON HTS, IL 60005</u>	CELL PHONE: <u>847-942-7317</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: E. Elaine Hudson

DATE: 12-18-12

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

**DECLARATIONS**

We will provide the insurance described in this policy

Coverage afforded by this policy is provided by:

State Farm Fire and Casualty Company

**PREMIUM NOTICE  
STATE FARM INSURANCE COMPANIES  
AGENT ISSUED DECLARATIONS**

<b>POLICY NUMBER</b>	<b>BILLING PERIOD</b>	<b>AGENT CODE</b>
13-BX-Y905-5	FROM 08-14-2012 TO 08-14-2013	13-3741

**LOCATION** (If other than Named Insured's mailing address)

**INSURED**

HUDSON, MICHAEL  
1605 E CENTRAL RD UNIT 406A  
ARLINGTON HTS, IL 60005-3342

**PREMIUM** \$ 250.00

**AMOUNT PAID** \$ 250.00

**CREDIT AMOUNT** \$

**AMOUNT DUE** \$

**DATE DUE**

**PROPERTY MANAGER:**

LIEBERMAN MANAGEMENT SERVICES, INC.  
25 NW POINTE BLVD  
SUITE 330  
ELK GROVE VILLAGE, IL 60007

**AGENT NAME & ADDRESS:**

TIM RATIGAN  
209 S MAIN STREET  
MOUNT PROSPECT, IL 60056  
PH# 847-342-1200  
FX# 847-342-1201

This is the only notice you will receive. Please make check payable to **STATE FARM**  
And return it with this notice to the address shown below. Your canceled check is your  
Receipt. Thanks for letting us serve you.

**STATE FARM INSURANCE COMPANIES**