



CONDOMINIUM ASSOCIATION
1519 EAST CENTRAL ROAD
ARLINGTON HEIGHTS, ILLINOIS 60005
(847) 228-5176 • Fax (847) 228-5190

TENANT INFORMATION

ADDRESS: _____ E. Central, UNIT # _____

The Dana Point Condominium Association Rules requires the following information. Please return to Dana Point Condominium Management Office at 1519 E. Central, Arlington Heights, IL, 60005 or you may fax it to the Office at 847/228-5190. Please attach blank sheets if more room is needed.

RESIDENT (S) NAME (S): _____

MAILING ADDRESS _____

Street: _____

City, State, Zip: _____

- Home Phone(s): (____) _____ (____) _____
- Work Phone(s): (____) _____ (____) _____
- Cell Phone: (____) _____ (____) _____

OTHER OCCUPANTS

Name _____ Relationship _____

Name _____ Relationship _____

PET (S): _____

Tenant #1 Signature: _____ Date _____

Tenant #2 Signature: _____ Date _____

EMERGENCY KEY HOLDER INFORMATION

In Case of Emergency, Notify: _____

Relationship(s): _____

- Home Phone(s): (____) _____ (____) _____
- Work Phone(s): (____) _____ (____) _____

Address: _____

- Emergency key holder should be a local friend or relative.
- Keys may be left with the Association Management.