

7 pages
Not including cover

Dana Point

Lieberman Management Services

847-459-3003



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): CLAUDETTE & MICHAEL HUDDSON

UNIT ADDRESS: 1605 E. CENTRAL RD #406A A.H. 60005

MAILING ADDRESS (If Different): 1602 S. PINE ST.

CITY/STATE/ZIP CODE: MELVILLE, NY 11747

HOME PHONE: 847-459-2156 WORK PHONE: CELL PHONE:

EMAIL ADDRESS (Email addresses are kept confidential): TRAVELLEN2000@YAHOOGLOBAL.NET

PARKING SPACE # (If Applicable): 406A STORAGE SPACE # (If Applicable): 406A

TENANT INFORMATION FOR RENTED RESIDENCES

TENANT #1

TENANT #2

NAME: MICHAEL HUDDSON

NAME:

HOME PHONE:

HOME PHONE:

WORK PHONE:

WORK PHONE:

CELL PHONE: 847-942-7317

CELL PHONE:

EMAIL ADDRESS:

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 #
2013	CHEVY	CRUZ	BLUE	R349148

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: MICHAEL HUDDSON

HOME PHONE:

ADDRESS: 1605 E. CENTRAL RD #406A

BUSINESS PHONE:

CITY/STATE/ZIP CODE: MELVILLE, NY 11747

CELL PHONE: 847-942-7317

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: Laci 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**

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

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

INSURED	PREMIUM	\$ 250.00
HUDSON, MICHAEL 1605 E CENTRAL RD UNIT 406A ARLINGTON HTS, IL 60005-3342	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