



## CONTACT AND EMERGENCY INFORMATION FORM

### UNIT OWNER INFORMATION

NAME(S):

UNIT ADDRESS:

MAILING ADDRESS:(IF DIFFERENT)

CITY/STATE/ZIP CODE:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS: (Your e-mail address is kept confidential)

PARKING SPACE #:(If Applicable)

STORAGE SPACE #:(If Applicable)

### UNIT OCCUPANTS

NAME:

NAME:

NAME:

NAME:

IF RENTED TENANT NAME:

HOME PHONE:

WORK PHONE:

CELL PHONE:

PLEASE FAX A COPY OF THE LEASE TO LIEBERMAN MANAGEMENT

### VEHICLES ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	PLATE #

### 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:

HOME PHONE:

ADDRESS:

BUSINESS PHONE:

CITY/STATE/ZIP CODE

CELL PHONE:

By my signature and address 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: \_\_\_\_\_ DATE: \_\_\_\_\_

### RETURN TO:

Museum Pointe Condominium Association  
c/o Lieberman Management Services  
25 Northwest Point Blvd. Suite 330  
Elk Grove Village, IL 60007

Phone: 847-459-0000 or 312-202-9300      Fax: 847-459-3003