



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): <b>JOHN STAFFORD &amp; STEPHANIE STAFFORD</b>		
UNIT ADDRESS: <b>1415 E. CENTRAL RD, UNIT 418C</b>		
MAILING ADDRESS (If Different):		
CITY/STATE/ZIP CODE: <b>ARLINGTON HTS., IL 60005</b>		
HOME PHONE: <b>847-749-2015</b>	WORK PHONE: <b>STEPHANIE 847-368-7398</b>	CELL PHONE:
EMAIL ADDRESS (E-mail addresses are kept confidential): <b>JSS1415@WOWWAY.COM</b>		
PARKING SPACE # (If Applicable): <b>BLD 3 (#19) (N/A)</b>		STORAGE SPACE # (If Applicable): <b>BLDG 3 (SEE OVER)</b>

TENANT INFORMATION FOR RENTED RESIDENCES	
TENANT #1	TENANT #2
NAME:	NAME:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	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 #
2012	HYUNDAI	SONATA	BLACK	IL JRS 5LS 1
DANA POINT STICKER # 3945				

PETS		
NAME	BREED	CAT/DOG
MAYIE	DOMESTIC	CAT
MIA	DOMESTIC	CAT

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: <b>DEBBIE, ALYSSA, WARREN GADEN</b>	HOME PHONE: <b>847-463-6517</b>
ADDRESS: <b>209 S. HILLCREST</b>	BUSINESS PHONE:
CITY/STATE/ZIP CODE: <b>MT. PROSPECT, IL 60005</b>	CELL PHONE:

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: John Stafford DATE: 12 DECEMBER 2012

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

(See Reverse For Added Info)  
(On Our Two Storage Spaces)

Fax: (847) 459-3003

Email: service@lmsnet.com

0

Re Our Two Storage Rooms

- (1) Bldg 3 Unit 418C Storage Locker located in storage Room of multiple lockers that has no ID on its door. Storage Room is on 4th floor adjacent to elevator.
- (2) Rental Storage Locker on 2nd Floor of Bldg 3 identified on its door as "2-A6" but on our contract as "1415 B Wing 2<sup>ND</sup> No. 31"

John Stafford

12-DECEMBER-2012

**BCC : To Lieberman FYI using FAX 847-459-3003**

**To : Allstate Insurance Company at FAX 847-382-7579**

**From : John Stafford  
Condominium Policy # 032 007 623**

**December 19 , 2012**

**Dear Allegretti , Kalesz , and Association :**

**Please establish a Certificate of Insurance on this policy and send to :**

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

**Thank you for this help .**

**John Stafford  
1415 E. Central Rd. Unit 418C  
Arlington Heights , IL 60005**

**Tele : 1-847-749-2015  
IID : jss1415@wowway.com**