



# THE DANA POINT CONDOMINIUM ASSOCIATION

## CONTACT AND EMERGENCY INFORMATION FORM

PLEASE PRINT CLEARLY  
COMPLETE ALL FIELDS

### OWNER CONTACT INFORMATION

(This section must contain information concerning the OWNER of the account)

NAME(S):

UNIT ADDRESS:

MAILING ADDRESS (If Different):

CITY/STATE/ZIP CODE:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS (E-mail addresses are kept confidential):

PARKING SPACE # (If Applicable):

STORAGE SPACE # (If Applicable):

### RENTER INFORMATION FOR LEASED RESIDENCES

#### RENTER #1

#### RENTER #2

NAME:

NAME:

HOME PHONE:

HOME PHONE:

WORK PHONE:

WORK PHONE:

CELL PHONE:

CELL PHONE

EMAIL ADDRESS:

EMAIL ADDRESS:

\*Please submit a copy of a 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 #

### 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 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, this form may be returned for completion. I understand that this form will be used for Association purposes only.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Send form to: Lieberman Management Services, Inc.

25 Northwest Point Blvd. Suite 330 | Elk Grove Village IL 60007 | P 847.459.0000 F 847.459.3003 E LmsAdmin@lmsnet.com