

**lms****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): **JOHN STAFFORD & STEPHANIE STAFFORD**UNIT ADDRESS: **1415 E. CENTRAL RD, UNIT 418C**

MAILING ADDRESS (If Different):

CITY/STATE/ZIP CODE: **ARLINGTON HTS, IL 60005**HOME PHONE: **847-749-2015** WORK PHONE: **847-338-7398** CELL PHONE:EMAIL ADDRESS (E-mail addresses are kept confidential): **JSS1415@WOWWAY.COM**PARKING SPACE # (If Applicable): **BLD 3 (#19) ~~None~~ A** STORAGE SPACE # (If Applicable): **BLDG 3 (SEE OVER)****TENANT INFORMATION FOR RENTED RESIDENCES****TENANT #1****TENANT #2**NAME: **N/A**HOME PHONE: **N/A**WORK PHONE: **N/A**CELL PHONE: **N/A**EMAIL ADDRESS: **N/A**

\*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: **N/A**NAME: **N/A****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
MAXIE	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: **DEBBIE, ALYSSA, WARREN GADEN** HOME PHONE: **847-463-6517**ADDRESS: **209 S. HI LUCI** BUSINESS PHONE:CITY/STATE/ZIP CODE: **MT. PROSPECT, IL 60005** 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)*

0 | Re Our Two Storage Rooms |

- (1) Bldg 3 Unit 418 C Storage Locker located in storage room of multiple lockers that has no I.D. 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**