

Lisle Place Condominium Association Census Form

The following information is being requested by your association. **PLEASE RETURN DOCUMENT WITHIN 2 WEEKS OF RECEIPT.**

UNIT OWNER INFORMATION

Owner Names (per Title): _____
Unit Address: _____ Garage # (if applicable) _____
Mailing Address (if different than unit address): _____
Phone #'s: Primary: _____ Alternate: _____ FOR INTERCOM: _____
Email Address: _____

EMERGENCY CONTACT INFORMATION

Please provide the following information in the event of an emergency and we are unable to reach you:

Name: _____ Relationship: _____
Phone #'s: Primary: _____ Alternate: _____ Access to unit? Yes No
Name: _____ Relationship: _____
Phone #'s: Primary: _____ Alternate: _____ Access to unit? Yes No

RENTAL INFORMATION (If applicable copy of lease must also be given to Management)

Tenant Name: _____ Lease expiration date: _____
Tenant Home Phone: _____ Cell: _____
Emergency Contact Name: _____ Relationship: _____
Phone #'s: Home: _____ Cell: _____ Access to unit? Yes No

VEHICLE INFORMATION OF OCCUPANT(S) (If applicable)

| Year | Make | Model | Color | License Plate No. | Registration Exp | Sticker # |
|----------|-------|-------|-------|-------------------|------------------|-----------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PET INFORMATION (Please list the pet(s) residing in the unit. Rabies Certificate must be attached)

| Pet name(s) | Breed/Type(s) | Weight/ Size | Color | Photo | Rabies Cert |
|-------------|---------------|--------------|-------|------------------------------|------------------------------|
| 1. _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

MORTGAGAE INFORMATON (If applicable)

Provider: _____ Loan Number: _____
Phone: _____ Address: _____

Homeowner Signature: _____ Date: _____

A copy of your current Homeowners Insurance Declaration Page must be submitted with this form to Management.

Please send completed forms and any attachments via email: Census@AdvocatePM.com

or mail: Advocate Property Management PO Box 9242, Naperville, IL 60567