

## **DIRECTORY FORM**

<b>OWNER INFORMATION</b>
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS (if different than unit address): \_\_\_\_\_

\_\_\_\_\_

HOME NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_ CELL NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

WORK NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

<b>OWNER EMERGENCY CONTACT INFORMATION</b>
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NAME OF EMERGENCY CONTACT: \_\_\_\_\_

HOME NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_ CELL NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

WORK NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

DOES HE/SHE HAVE ACCESS TO YOUR UNIT?      YES \_\_\_ NO \_\_\_

<b>TENANT INFORMATION</b>
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IF UNIT IS RENTED, PLEASE ATTACH A COPY OF THE CURRENT LEASE.

LEASE EXPIRATION DATE: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_

TENANT HOME NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_ TENANT CELL NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

TENANT WORK NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

<b>TENANT EMERGENCY CONTACT INFORMATION</b>
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NAME OF EMERGENCY CONTACT: \_\_\_\_\_

HOME NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_ CELL NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

WORK NUMBER: \_(\_\_\_\_\_)\_\_\_\_\_

DOES HE/SHE HAVE ACCESS TO YOUR UNIT?      YES \_\_\_ NO \_\_\_

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**PLEASE FILL OUT FORM AND SUBMIT BY :**

**1) Mail: PO BOX 628, WESTERN SPRINGS, IL 60558**

**2) Fax: (708) 352-2871    or    3) Email: bkovel@elitemgt.net**

\* Email addresses are to be used for official association business only.