

RESIDENT AND/OR OWNER INFORMATION FORM

Check one: Resident Owner Owner Tenant

Complete one form for each tenant.

NAME: _____

UNIT NUMBER _____ PARKING SPACE _____ STORAGE UNIT _____

MAILING INFORMATION

Street

Address _____ Unit _____ City _____ State _____ Zip _____

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

Street

Address _____ Unit _____ City _____ State _____ Zip _____

CONTACT INFORMATION

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Other Phone _____

EMERGENCY INFORMATION

This person must have keys to your unit and can be contacted in case of an emergency.

Name _____

Phone _____ Cell Phone _____

By signing this you are giving the HOA permission to get in touch with the emergency contact to gain access to your unit only in an emergency.

Signature:

_____ Date: _____

Please return this form to the HOA mailbox.

GALLERY @ GATEWAY CENTRE HOMEOWNERS ASSOCIATION
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