

# 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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