

**ATRIUM TOWNHOME ASSOCIATION
HOMEOWNER INFORMATION FORM**

Homeowner Name: _____

Address/Unit Number: _____

Offsite Address: (if applicable) _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

OTHER PERSONS TO OCCUPY UNIT OR RENTERS: (if unit is rented, current lease must be provided with this form)

Name: _____ Name: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-Mail: _____ E-Mail: _____

PET YES NO Description: _____

AUTOMOBILE INFORMATION:

1. Make: _____ Model: _____ Color: _____

2. Make: _____ Model: _____ Color: _____

1. License Plate # _____ Car Port/Garage # _____

2. License Plate # _____ Car Port/Garage # _____

EMERGENCY CONTACT: (Other than a resident)

If we cannot contact you in case of an emergency, who should we contact?

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

I hereby acknowledge all information on this form is correct and valid.

Signature _____ **Date** _____

**Please return this form to:
Associa Chicagoland
50 E. Commerce Drive, Suite 110
Schaumburg, IL 60173
Fax: 847-490-9807 or Email: helpmechicagoland@associa.us**

For Office Use Only:

Order # _____