

Please print legibly

# Forest Glen TH Owners Assoc. CENSUS FORM



**YEAR:** \_\_\_\_\_

**OWNER INFORMATION:** Per the Declaration under Section 8.09(a), all owners must be 55 or older to reside in Forest Glen.

NAME ON TITLE: 1.) \_\_\_\_\_ Age \_\_\_\_\_

NAME ON TITLE 2.) \_\_\_\_\_ Age \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Carol Stream, IL 60188

PHONE CELL 1: \_\_\_\_\_ PHONE CELL 2: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_

E-MAIL ADDRESS 1: \_\_\_\_\_ E-MAIL ADDRESS 2: \_\_\_\_\_

**OTHER OCCUPANTS:** Refer to Sections 1.26 and 8.09(b) of the Declaration that defines residency & age requirement of 18.

OCCUPANT NAME: 1.) \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

PHONE CELL: \_\_\_\_\_ EMAIL 1: \_\_\_\_\_

OCCUPANT NAME 2.) \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

PHONE CELL 2: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

**EMERGENCY CONTACTS:** At least one emergency contact listed must have keys to the unit.

1. NAME: \_\_\_\_\_ PHONE / CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE / HOME: \_\_\_\_\_

**DO THEY HAVE A KEY TO YOUR RESIDENCE?** YES \_\_\_\_\_ NO \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE / CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE / HOME: \_\_\_\_\_

**DO THEY HAVE A KEY TO YOUR RESIDENCE?** YES \_\_\_\_\_ NO \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

**VEHICLE INFORMATION:**

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE STATE & PLATE #
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PET INFORMATION:** Please provide animal name, breed, color. Per the Rules no more than 2-pets are allowed per unit and only 1-dog weighing no more than 45-lbs is permissible per unit.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_