Please print legibly

## Forest Glen TH Owners Assoc. CENSUS FORM



OWNER INFORM					
NAME ON IIILE: 1.)					Age
NAME ON TITLE 2.)					Age
ADDRESS:					Carol Stream, IL 6018
PHONE CELL 1:				PHONE C	ELL 2:
PHONE HOME:					
E-MAIL ADDRESS 1: _			E-MA	IL ADDRESS	2:
OTHER OCCUPA	ANTS: Refer to S	Sections 1.26 and	8.09(b) of the	Declaration th	at 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 C	ONTACTS: A				
		t least one eme	ergency con	tact listed m	nust have keys to the unit.
1. NAME:		t least one eme	ergency con PHONE / (	tact listed m	nust have keys to the unit.
1. NAME:ADDRESS:		t least one eme	ergency con PHONE / ( PHONE / H	tact listed m	nust have keys to the unit.
1. NAME:ADDRESS:		t least one eme	ergency con PHONE / ( PHONE / H	tact listed m	nust have keys to the unit.
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:	KEY TO YOU	t least one eme	ergency con PHONE / ( PHONE / F YES PHONE / (	tact listed m CELL: IOME: NO CELL:	nust have keys to the unit.  Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:	KEY TO YOU	t least one eme	ergency con PHONE / ( PHONE / F YES PHONE / (	tact listed m CELL: IOME: NO CELL:	nust have keys to the unit.  Relationship to Owner:
1. NAME: ADDRESS:  DO THEY HAVE A  2. NAME: ADDRESS:	KEY TO YOU	t least one eme	ergency con PHONE / C PHONE / F YES PHONE / C PHONE / C	ntact listed m CELL: HOME: NO CELL:	nust have keys to the unit.  Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A	KEY TO YOU	t least one eme	ergency con PHONE / C PHONE / F YES PHONE / C PHONE / C	ntact listed m CELL: HOME: NO CELL:	Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A	KEY TO YOU	t least one eme	ergency con PHONE / C PHONE / F YES PHONE / C PHONE / C	ntact listed m CELL: IOME: NO CELL: IOME: NO NO NO NO NO	Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A  VEHICLE INFOR	KEY TO YOU  KEY TO YOU  MATION:  MODEL	R RESIDENCE COLOR	ergency con PHONE / ( PHONE / F YES PHONE / G PHONE / H YEAR	ntact listed m CELL: IOME: NO CELL: IOME: NO NO NO NO NO	Relationship to Owner:  Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A  VEHICLE INFOR  MAKE  1	KEY TO YOU  KEY TO YOU  MATION:  MODEL	R RESIDENCE COLOR	ergency con PHONE / ( PHONE / F YES PHONE / F PHONE / F YES YEAR	Itact listed m CELL:  NO  CELL:  NO  NO  LICEN	Relationship to Owner:  Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A  VEHICLE INFOR MAKE  1  2	KEY TO YOU  KEY TO YOU  MATION:  MODEL	R RESIDENCE COLOR	ergency con PHONE / ( PHONE / F YES PHONE / ( PHONE / H YEAR	Itact listed m CELL:  NO  CELL:  IOME:  NO  LICEN	Relationship to Owner:  Relationship to Owner:
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A  VEHICLE INFOR MAKE  1  2  3	KEY TO YOU  KEY TO YOU  MATION:  MODEL	R RESIDENCE COLOR	ergency con PHONE / C PHONE / F YES PHONE / C PHONE / H YEAR	Itact listed m CELL:  NO  CELL:  NO  IOME:  NO  LICEN	Relationship to Owner:  Relationship to Owner:  SE PLATE STATE & PLATE #
1. NAME:ADDRESS:  DO THEY HAVE A  2. NAME:ADDRESS:  DO THEY HAVE A  VEHICLE INFOR MAKE  1  2  3	KEY TO YOU  KEY TO YOU  MATION:  MODEL	R RESIDENCE COLOR	ergency con PHONE / ( PHONE / F YES PHONE / ( PHONE / H YEAR  breed, color. F	Itact listed m CELL:  NO  CELL:  NO  IOME:  NO  LICEN	Relationship to Owner:  Relationship to Owner:

Thank you for taking the time to provide the necessary information needed to effectively manage your association. All information provided will be kept confidential and in accordance with the Privacy Statement of Association Partners, Inc. A copy of our privacy policy may be obtained by contacting our office at (630) 653-7782.