



**THE GOLF VILLAS OF WHITE EAGLE CLUB CONDOMINIUM ASSOCIATION HOMEOWNERS ASSOCIATION
RESIDENTIAL INFORMATION FORM**

In a continuing effort to improve communication between your management company (FirstService Residential), your Board of Directors and residents, we request all owners completely fill out the form below and return it to our office within 10 days of receipt.

Today's Date _____

Property Address _____ Unit # _____

Do you live at this address? (Circle one) **Yes / No**

If no, please provide your actual address below:

OWNER INFORMATION

1) Owner's Name _____

2) Co-Owner's Name _____

Home Telephone # _____

Home Telephone # _____

Work Telephone # _____

Work Telephone # _____

Cell Phone # _____

Cell Phone # _____

Email _____

Email _____

Please list all additional occupants _____

Best Contact Phone Number to reach you in case of an emergency or building notification.

EMERGENCY INFORMATION

Emergency Contacts: Name(s) and telephone number(s) for person(s) we can contact on your behalf in case of an emergency.

1) Contact Name _____

Home Telephone # _____

Work Telephone # _____

Cell Phone # _____

Email Address _____

Relationship _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency? (Circle one) **Yes / No**

If yes, please explain special needs (i.e., oxygen, wheelchair, blind, deaf, etc.) _____

RENTAL INFORMATION (if applicable)

If applicable, please provide your tenant's information below.

Is this unit rented?
(circle one) **Yes / No**

1) Renter's Name _____
Home Telephone # _____
Work Telephone # _____
Cell Phone # _____
Email _____

2) Co-Renter's Name _____
Home Telephone # _____
Work Telephone # _____
Cell Phone # _____
Email _____

Please list all additional occupants _____

PET INFORMATION

Do you have a pet that resides in the unit? (Circle one)

Yes / No

1) Pet Name _____
Cat/Dog _____
Breed _____
Weight (dog) _____

2) Pet Name _____
Cat/Dog _____
Breed _____
Weight (dog) _____

*** Please feel free to send us a picture to upload. * Please make sure all pets are/have been registered with the Association.**

VEHICLE INFORMATION

Do you lease or own a parking space on the property? (Circle one) **Yes / No**

Make & Model of Vehicle _____ Year _____ Color _____ Plate# _____ State _____

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Make & Model of Vehicle _____ Year _____ Color _____ Plate# _____ State _____

Do you have a storage locker? (Circle one) **Yes / No** Storage Locker # _____ Storage Locker # _____

Do you have a bicycle(s) stored and tagged in the bike room or storage room? (Circle one) **Yes / No**

Tag # _____ Location _____

Tag # _____ Location _____

I (we) certify that the information provided is true and correct to the best of my (our) knowledge and belief and understand and agree that I (we) have a continuing obligation to advise the managing agent FirstService Residential if there are any changes in this information, and further understand that this information may be used for Association purposes consistent with requirements of the Illinois Condominium Property Act or the Common Interest Community Association Act.

Owner's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO: The Golf Villas of White Eagle Club
c/o FirstService Residential
25 Northwest Point Blvd., Ste. 330
Elk Grove Village IL 60007 Admin.il@fsresidential.com