

**THE PINES TOWNHOME ASSOCIATION**

2704 Grand Ave., Waukegan, IL 60085  
Ph: (847) 244-0100 Fax: (847) 336-6606

**PLEASE FILL OUT & RETURN TO OUR OFFICE WITH YOUR NEXT ASSESSMENT PAYMENT**  
**State Law mandates this homeowner information form filled out and returned for our records.**

	Last Name	First Name	Initial
Homeowner(s) (1)	_____		
(2)	_____		

Unit Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Work Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Number of people in unit? \_\_\_\_\_ # of dogs: \_\_\_\_\_ # of cats: \_\_\_\_\_

Resident's Autos: Make: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Do they have keys to your unit? Yes / No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mortgage Co: \_\_\_\_\_ Address: \_\_\_\_\_

Loan #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Is unit rented? Yes / No \_\_\_\_\_ Number of people in unit? \_\_\_\_\_

Lease Starting Date \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Renters Name(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Renters Home Phone # \_\_\_\_\_ Work #: \_\_\_\_\_

**Copy of current lease must be on file at Management Realty Partiers.**