



ELITE MANAGEMENT - DIRECTORY FORM

OWNER INFORMATION

NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different than unit address): _____

HOME NUMBER: _(____)_____ CELL NUMBER: _(____)_____

WORK NUMBER:_(____)_____

EMAIL ADDRESS: _____

OWNER EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT: _____

HOME NUMBER: _(____)_____ CELL NUMBER: _(____)_____

WORK NUMBER:_(____)_____

DOES HE/SHE HAVE ACCESS TO YOUR UNIT? YES ____ NO ____

TENANT INFORMATION

IF UNIT IS RENTED, PLEASE ATTACH A COPY OF THE CURRENT LEASE.

LEASE EXPIRATION DATE: _____

TENANT NAME: _____

TENANT HOME NUMBER: _(____)_____ TENANT CELL NUMBER: _(____)_____

TENANT WORK NUMBER: _(____)_____

TENANT EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT: _____

HOME NUMBER: _(____)_____ CELL NUMBER: _(____)_____

WORK NUMBER:_(____)_____

DOES HE/SHE HAVE ACCESS TO YOUR UNIT? YES ____ NO ____

PLEASE FILL OUT FORM AND SUBMIT BY :

1) Mail: PO BOX 628, WESTERN SPRINGS, IL 60558

2) Fax: (708) 352-2871 or 3) Email: info@elitemgt.net

* Email addresses are to be used for official association business only.