

REGENCY AT THE WOODS OF SOUTH BARRINGTON ASSOCIATION



CONTACT AND EMERGENCY INFORMATION FORM

PLEASE PRINT CLEARLY
COMPLETE ALL FIELDS

OWNER CONTACT INFORMATION		
<i>(This section must contain information concerning the OWNER of the account)</i>		
NAME(S):		
UNIT ADDRESS:		
MAILING ADDRESS (If Different):		
CITY/STATE/ZIP CODE:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
EMAIL ADDRESS (E-mail addresses are kept confidential):		

RENTER INFORMATION FOR LEASED RESIDENCES	
RENTER #1	RENTER #2
NAME:	NAME:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:
*Please submit a copy of a current lease, for your residence, to Lieberman Management Services, Inc.	

ADDITIONAL OCCUPANT(S)			
<i>(Those who reside in the residence, but are not the owners or listed on the lease)</i>			
NAME:	AGE:	NAME:	AGE:
NAME:	AGE:	NAME:	AGE:

VEHICLE(S) ON THE PROPERTY				
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #

PETS		
NAME	BREED	CAT/DOG

Occasionally the need arises to contact a resident in an emergency situation. This information is only used to provide you with more efficient service. We strongly recommend this person have a key to your unit.

EMERGENCY CONTACT INFORMATION	
NAME:	HOME PHONE:
ADDRESS:	BUSINESS PHONE:
CITY/STATE/ZIP CODE:	CELL PHONE:

By my signature below, I affirm that the information provided above is true and correct as of the date shown next to my signature. I understand if any information is left blank, this form may be returned for completion. I understand that this form will be used for Association purposes only.

SIGNATURE: _____ DATE: _____

Send form to: Lieberman Management Services, Inc.
25 Northwest Point Blvd. Suite 330 | Elk Grove Village IL 60007 | P 847.459.0000 F 847.459.3003 E service@LMSnet.com