

HAWTHORN OF AURORA HOMEOWNERS ASSOCIATION

c/o



OWNER/TENANT INFORMATION

THIS INFORMATION IS CONFIDENTIAL AND STRICTLY FOR THE BOARD & MANAGEMENT'S USE. THE ASSOCIATION WILL NEVER PUBLISH OR SHARE YOUR INFORMATION WITH ANYONE.

OWNER'S NAME(S): _____

UNIT ADDRESS: _____

BILLING ADDRESS: _____

(IF DIFFERENT FROM UNIT ADDRESS)

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

The following information is required in order to effectively protect your property, possessions and that of all of our owners; although very important, this information is not required by statute:

PETS: 1) Dog _____ Cat _____ Type/Breed: _____ Color(s): _____

2) Dog _____ Cat _____ Type/Breed: _____ Color(s): _____

If none, please check here.

VEHICLES: 1) Color, Make & Model: _____ License Plate #: _____

2) Color, Make & Model: _____ License Plate #: _____

3) Color, Make & Model: _____ License Plate #: _____

If none, please check here.

EMERGENCY CONTACT NAME*: _____ PHONE: _____

**MUST BE ABLE TO PROVIDE ACCESS TO YOUR UNIT FOR EMERGENCY ENTRY*

Please note that this form is to be completed in its entirety in order to prevent the Association from re-requesting the information. Providing partial or no information within the required 30 days of receipt may result in the Board taking action to elicit compliance of the request for information. Thank you in advance for your timely response.