

# Hilroc Condominium Unit Owners Association

C/O



## OWNER/OCCUPANT(S) INFORMATION

OWNER(S) NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

IF DIFFERENT THAN UNIT ADDRESS

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**The following information is required in order to more effectively protect your property and possessions and that of all of our owners. This information, although very important, is not required by state statute.**

PET(S) 1) Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Type (Breed): \_\_\_\_\_ Color(s): \_\_\_\_\_

If none check here

VEHICLE(S) 1) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

2) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

3) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

4) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

If none 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 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 any and all action within their means to elicit compliance of the request for information. Thank you in advance for your timely response.