

OWNER CENSUS FORM

- 1. ASSOCIATION NAME: CHELSEA PLACE TOA
- 2. FULL UNIT MAILING ADDRESS: _____
- 3. OWNER(S) AS SHOWN ON TITLE: _____
- 4. OWNER'S TELEPHONE: HOME #: _____ WORK #: _____
EMAIL ADDRESS: _____
- 5. ARE YOU A RESIDENT OWNER? YES _____ (if YES, skip to #10) NO _____
- 6. OWNER'S MAILING ADDRESS: _____
- 7. NAME ON LEASE: _____
- 8. TENANT'S TELEPHONE: HOME #: _____ WORK #: _____
- 9. DATE LEASE EXPIRES: _____

10. LIST EACH PERSON RESIDING IN THE UNIT:

FULL LEGAL NAME (if more than six, list additional names on back)	SEX	CHILD, ADULT or SENIOR
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

11. PET(S) IN THE UNIT? _____ DESCRIPTION(S): _____

- 12. VEHICLE MAKE/MODEL: _____ PLATE #: _____
- 1. _____
- 2. _____
- 3. _____

13. LOCAL AREA EMERGENCY CONTACT: _____

14. CONTACT TELEPHONE: HOME #: _____ WORK #: _____

15. DOES EMERGENCY CONTACT HAVE KEYS TO UNIT? YES _____ NO _____
(It is recommended that the Contact have a key to your home)

I the undersigned affirm that the information provided above is complete, accurate and current.

OWNER'S SIGNATURE: _____ DATE: _____

Thank you, for taking the time to provide us the information we need to effectively manage your Association.
This information will be kept in accordance with the Privacy Statement of Association Partners, Inc.
You may obtain a copy by contacting us at (630) 653-7782