



PARK TOWER CONDOMINIUM ASSOCIATION

5415 N. SHERIDAN ROAD, SUITE 107, CHICAGO, ILLINOIS 60640-1966

PHONE: 773.769.3250 - FAX: 773.769.0047 - EMAIL: PARKTOWERCONDO-MGMT@HABITAT.COM - WWW.PTCONDO.COM

ADDITIONAL OCCUPANT REGISTRATION FORM

To be filled out by current occupant of the unit:

Unit # _____

Name: _____

Home Number: _____ Cell: _____ Work: _____

Email Address: _____

To be filled out by additional occupant of the unit:

Name: _____

Home Number: _____ Cell: _____ Work: _____

Email Address: _____

I would like to be added to the Park Tower mailing list: YES NO (circle one)

Automobile:

Make: _____ Model: _____

Year: _____ License Plate: _____

Employment:

Present Employer: _____

Position: _____

Employed Since: _____

Immediate Supervisor: _____

Phone Number: _____

Emergency Contact:

Name: _____

Relationship: _____

Home Number: _____ Cell: _____ Work: _____

Email Address: _____

In an emergency, would you require any assistance? YES NO (circle one)

If yes, please describe: _____

I understand that dogs and cats are not allowed in this building (initial): _____

I must abide by all Park Tower Condominium Association Rules and Regulations in accordance with the Declaration of Condominium Ownership (initial): _____

The registration fee of \$300 will be charged to the Unit Owner's account.

Signature of Additional Occupant

Date

Signature of Owner

Date