



Park Tower CONDOMINIUM ASSOCIATION

5415 N. SHERIDAN ROAD • CHICAGO, IL 60640 • (773) 769 3250 • FAX (773) 769 0047

ADDITIONAL OCCUPANT REGISTRATION FORM

To be filled out by registered 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: _____

Automobiles:

Make: _____ Model: _____

Year: _____ License Plate: _____

Employment:

Present Employer: _____

Position: _____

Employed Since: _____

Immediate Supervisor: _____

Phone Number: _____

Emergency Contact Names and Numbers:

Name: _____

Relationship: _____

Home Number: _____ Cell: _____ Work: _____

Email Address: _____

In the event of an emergency, would you require any special assistance? If so please describe: _____

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

I must abide by all Park Tower Condominium Association House Rules in accordance with the Declaration of Condominium Ownership. (please initial) _____