

Old Oaks Town Home Association
Emergency Information
Must Print Legibly or Document Will Be Returned

Owner's Name _____ Tenants Name _____

Email _____ Tenants Email _____
(required for community updates)

Address _____ (Unit Address) _____

City/State/Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Lease Expiration _____ current lease must be on file at all times
(Please provide copy of lease)

List the name of all occupants: 1) _____ 2) _____

3) _____ 4) _____

If we cannot contact you in an emergency, whom should be contacted?

Name _____ Phone _____

Does this person have a key to your unit? ___ YES ___ NO

Homeowners' Insurance – SUBMIT PROOF OF INSURANCE
Fax certificate of insurance to Foster Premier (815)886-9480

Vehicle Registration

1. Make _____ Model _____ Color _____ Year ___ Plate # _____

2. Make _____ Model _____ Color _____ Year ___ Plate # _____

Pet Owners Registration

1. Type/Breed/Color _____ Weight _____

2. Type/Breed/Color _____ Weight _____

**I HEARBY ACKNOWLEDGE ALL INFORMATION ON THIS FORM IS
CORRECT AND VALID.**

Signed _____ Date _____

**VISIT THE ASSOCIATION WEBSITE ADDRESS: MYOLDOAKS.COM
OR EMAIL ADDRESS: INFO@MYOLDOAKS.COM**