

**Maple Hollow Condominium Association
Census Form**

Address: _____ # of Bedrooms: _____

Is this your: Primary Residence: ___ (please mark one of the following)

Secondary Residence: ___

I Rent my unit: ___

(If this is a rental unit, a copy of the lease is required to be on file with the Management Office)

Full Name of Owner: _____

Home Phone #: _____ Work #: _____

Email Address: _____

Full Name of Co-Owner (if applicable): _____

Home Phone #: _____ Work #: _____

Email Address: _____

Home Owner's Insurance Information:

(*Required to be on file in Management Office***)**

Homeowners Insurance Co.: _____ Policy #: _____

Insurance Agent's Name: _____ Phone #: _____

Please list Name of ALL THE OCCUPANTS OF YOUR UNIT:

Full Name _____ Check box if over 18 (if under, please specify age)

_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Please list ALL AUTOMOBILES:

Year & Model	Color	License #
_____	_____	_____
_____	_____	_____

Please list BREED, TYPE, COLOR AND WEIGHT OF ALL ANIMALS IN YOUR UNIT:

-All pets must be registered with the Management Office-

IN CASE OF EMERGENCY, PLEASE LIST WHOM SHOULD BE CONTACTED:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please complete all the information on this census form. If any of the information should change during the year, please inform the manager of the change. Thank you for your assistance in this matter.

Return to: Foster Premier Inc 750 West Lake Cook Suite 190, Buffalo Grove, Illinois 60089.