

## BLOOMFIELD CLUB II CENSUS CARD -- 2020

Owner Information	
Name	
Address	
Unit Number	
City, State, Zip	
Home Phone	
Cell Phone	
E-Mail Address	

Homeowner Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_ \*

\* Please attach a copy of your Insurance Certificate.

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

List all occupants and their ages.

	Full Legal Name	Age
1.		
2.		
3.		
4.		

PETS? Yes  No  Description and weight: \_\_\_\_\_

List all vehicles.

	Make	Color	Year	License #	Parking Space #
1.					
2.					
3.					
4.					

Contacts in case of emergency (preferably someone with a key):

Name 1: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby acknowledge all information on this card is valid and authorize all Association notifications to be sent to my email address noted on this card, rather than by hard copy. I consider all such communication to be adequate notice of Association issues. If there are any changes in the future, I will agree to notify the Association.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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