

GLENEAGLE TRAIL CONDOMINIUM ASSOCIATION
CENSUS CARD -- 2025

	Owner Information	If rented, provide tenant information
Name		
Address		
Unit Number		
City, State, Zip		
Home Phone		
Cell Phone		
E-Mail Address		

Homeowner/Renter Insurance Co: _____ Policy # _____

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/Model	Color	Year	License Plate #
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 in writing.

Owner's Signature _____ Date: _____

EPI Management Company, LLC
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