FOUR LAKES CONDOMINIUM HOMES CONDO D EMERGENCY CONTACT FORM--2024

	Owner Information			If rented, provid	If rented, provide tenant information	
Name						
Address						
Unit Number						
City, State, Zip						
Home Phone						
Cell Phone						
E-Mail Address						
omeowner/Renter Ins	surance Co:	Pol	licy #			
gent:		Pho	one:			
ist all occupants and th	neir ages.				Age	
	Full Legal Name					
1.						
2. 3.						
4.						
st all vehicles.			T			
	Make	Color	Year	License Plate #	Parking Space #	
•						
2.						
ontacts in case of emer	rgency (preferably	someone with a key).				
Name 1:		• ,		Work:		
Address:				work.		
				Work:	<u> </u>	
Address:						
ereby acknowledge all	information on th	is card is valid and au ard copy. I consider al	thorize all A	Association notifications to be adequate		
Owner's Signature	Owner's SignatureDate:					
		EPI Managemen 14032 South Kostne Crestwood, I	er Avenue,	Suite M		

FAX: (708) 396-9831 E-Mail: epi@epimanagement.com