



**OAK HILL CONDOMINIUM
EMERGENCY NOTIFICATION/CONFIDENTIAL QUESTIONNAIRE**

**** RETURNING OF THIS FORM IS MANDATORY ****

Please complete the form and return it IMMEDIATELY so we can avoid any unnecessary delays with our Oak Hill Residential Review. Every Resident is required to return the completed questionnaire even if nothing has changed from the prior year.

All of the information below is for the use of Oak Hill Condominium Association exclusively and will be held in confidence. * Items must be filled out completely. Please be sure to complete both sides of form.

*NAME

*PRIMARY PHONE NUMBER

*UNIT NUMBER

*SECONDARY PHONE NUMBER

*STREET ADDRESS

*CITY STATE ZIP CODE

E-MAIL ADDRESS (for notices and general issues)

**PREFERENCE FOR MONTHLY STATEMENTS
AND GENERAL CORRESPONDENCE:**

MAIL: _____ EMAIL: _____

1. EMERGENCY INFORMATION

*In the case of emergency, do you need assistance? YES _____ NO _____

*Is your home alarmed? YES _____ NO _____

If yes, Name & Phone Number of Alarm Company _____

EMERGENCY CONTACTS

Name _____	Telephone # _____	Relationship _____
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Name _____	Telephone # _____	Relationship _____
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2. AUTOMOBILE INFORMATION

- Make/Model _____ License Number/State _____
Year _____ Sticker # _____ Color _____
- Make/Model _____ License Number/State _____
Year _____ Sticker # _____ Color _____
- Make/Model _____ License Number/State _____
Year _____ Sticker # _____ Color _____



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3. OCCUPANT INFORMATION

Is this your primary residence? YES_____ NO_____ Are you the primary occupant? YES_____ NO_____ Is there a family lease being executed? YES_____ NO_____ If yes, please provide a family lease form. Please list below the names of **all persons residing in the unit**. If they are children, please designate in the appropriate space (C). Be sure to supply all telephone numbers in case of an emergency.

Name	Child (C)	PRIMARY #	EMAIL ADDRESS
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4. RENTAL

Is your unit a rental unit? YES _____ NO _____

If yes, please provide the following information:

Name of Owner/Landlord _____

Lease Dates: Start _____ End _____

Is there a Management Company/ Property Manager maintaining this unit for you?

YES _____ NO _____

If yes, please provide the following information:

Name of Management Firm/Property Manager _____

Management Firm/Property Manager Telephone Number _____

Contact Person _____

*SIGNATURE

*DATE

Thank you for completing this form and providing this vital information.