



# W. L. Seymour, Inc.

Real Estate Management

1921 ROHLWING ROAD  
SUITE D  
ROLLING MEADOWS, IL 60008

(847) 359-8980  
FAX (847) 359-8981  
[mail@wlseymour.com](mailto:mail@wlseymour.com)

## HOMEOWNER EMERGENCY FORM

Occasionally, the need arises to contact an owner and/or renter in an emergency situation. Please complete the following form and return it to the Management Office. Your phone number and email will only be used in emergency and for the purpose of providing you with more efficient service. We respect your right to privacy.

Association Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Owner's email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Does your emergency contact have access to your unit in case of emergency? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

If your unit is OWNER OCCUPIED, you are required to fill out the information below and SKIP Page 2. If you, the owner, RENT OUT your unit, you are required to fill out all the information on Page 2.

Name(s) of all residents living in the unit:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Do any pets reside in the unit? If yes, please provide how many and what breed reside in the unit.  
\_\_\_\_\_

List all vehicles which will be parked at the association:

Vehicle #1.	Make	Model / Year	Color	License Plate
-------------	------	--------------	-------	---------------

Vehicle #1.	Make	Model / Year	Color	License Plate
-------------	------	--------------	-------	---------------

**RENTER'S EMERGENCY INFORMATION**

**Renter's Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Renter's Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**Renter's email:** \_\_\_\_\_

**Lease Expiration Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Does your emergency contact have access to your unit in case of emergency? (Y)** \_\_\_\_\_ **(N)** \_\_\_\_\_

**Name(s) of all renters living in the unit:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Do any pets reside in the unit? If yes, please provide how many and what breed below.**

**List all renter's vehicles which will be parked at the association:**

Vehicle #1.	Make	Model / Year	Color	License Plate
-------------	------	--------------	-------	---------------

Vehicle #1.	Make	Model / Year	Color	License Plate
-------------	------	--------------	-------	---------------