

*TRAILS AT ABBEYWOOD CONDOMINIUM ASSOCIATION
CENSUS/UNIT OCCUPANCY FORM
CONFIDENTIAL INFORMATION*

PURSUANT TO THE RESOLUTION TO THE RULES AND REGULATIONS PASSED BY THE BOARD OF DIRECTORS, THE BOARD IS REQUIRED TO OBTAIN AND MAINTAIN THE FOLLOWING INFORMATION AND DOCUMENTATION. THE INFORMATION PROVIDED IS FOR BOARD AND MANAGEMENT USE ONLY AND IS NOT SHARED.

PLEASE COMPLETE AND RETURN THIS FORM TO CELTIC PROPERTY MANAGEMENT WITHIN 10 DAYS.

COMPLETE UNIT ADDRESS: _____

NAMES OF ALL TITLED OWNERS: _____

CONTACT PHONE NUMBERS: _____

EMAIL ADDRESSES: _____

LIST OF ALL RESIDENTS/TENANTS RESIDING IN THE UNIT:

LIST ALL PETS AND TYPES (example: cat, dog, bird)

****REGISTRATION AND PROOF OF VACCINATION MAY BE REQUIRED FOR CERTAIN TYPES OF PETS****

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EMERGENCY CONTACT NAME AND PHONE NUMBER

DOES THE ABOVE LISTED PERSON HAVE A KEY TO YOUR UNIT? YES NO

NAME OF INSURANCE CARRIER AND PHONE NUMBER FOR AGENT

****EVIDENCE OF INSURANCE COVERAGE MUST BE PROVIDED TO THE
MANAGEMENT COMPANY, PLEASE CONTACT YOUR AGENT AND ASK THEM
TO FAX OR EMAIL IT TO CELTIC PROPERTY MANAGEMENT****

LIST ALL VEHICLES FOR YOUR UNIT

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE
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1.

2.

3.

PARKING SPACE NUMBER(s)

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THIS SECTION TO BE COMPLETED BY OWNERS WITH TENANTS

IS THIS UNIT BEING USED AS A RENTAL? YES NO

TERM OF THE CURRENT LEASE _____

IS THE UNIT MANAGED BY A PROPERTY MANAGER? YES NO

IS SO, PROVIDE CONTACT INFO _____

*****PURSUANT TO THE RESOLUTION TO THE RULES AND REGULATIONS, EVERY OWNER MUST PROVIDE MANAGEMENT WITH A COPY OF THE CURRENT LEASE. EACH RENEWAL MUST BE PROVIDED AS THEY ARE SIGNED. MANAGEMENT MUST BE NOTIFIED WITHIN 10 DAYS OF ANY CHANGE IN OCCUPANCY.**

BY MY SIGNATURE(S) BELOW, I CERTIFY THAT I AM THE OWNER OF THE UNIT LISTED ABOVE AND THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT AND COMPLETE

SIGNATURE OF OWNER

DATE

SIGNATURE OF OWNER

DATE

**PLEASE MAIL TO:
CELTIC PROPERTY MANAGEMENT
3100 THEODORE STREET, SUITE 100
JOLIET, IL 60435
Or email to donna@celticpm.com**