

Owner Information Sheet

Association: LAKEBREEZE VILLAS

Date: _____

Address of Unit:

Mailing Address of Owner:

Owner

Home Phone

Cell or Work Phone

Email(s) _____

I prefer to receive correspondence via email

yes

no

Full names of All Residents

Phone Numbers

Relation to Owner

Resident Vehicle Information:

Year/Make/Model

Color

License Plate Number

Pet Information:

Number of pets _____

Description _____

Name(s) _____

Emergency Contact:

*Emergency contact should have keys for your unit.

Name

Phone

Please return to:
Lakebreeze Villas HOA
830 W. Route 22, #114
Lake Zurich, IL 60047
info@bluestonemgmt.com