## NORTHWEST PROPERTY AND FINANCIAL MANAGEMENT ALL HIGHLIGHTED SECTIONS MUST BE COMPLETELY FILLED OUT **EMERGENCY INFORMATION FORM**

ASSOCIATION NAME:	TIMBERS CLUB CONDOMINIUM ASSOCIATION		
ADDRESS OF UNIT:			
NAMES OF ALL RESIDENTS (FIRST& LAST NAMES)		HOME <u>AND</u> CELL PHON (INCLUDE AREA CODE	
<u> </u>			
-			
RESIDENT STATUS (PLEASE	CHECK ONE)	:	
OWNER: TENANT:	RELATIVE:	PART TIME RESID	DENT OWNER:
(IF TENANT, RELATIVE OR			
PART TIME RESIDENT OWNE	ER)		
OWNER'S NAME, ADDRESS,	P		
AND PHONE NUMBER	: <del></del>	9	
RESIDENT VEHICLE INFORM	IATION:		
YEAR/MAKE/MODEL		COLOR	LICENSE PLATE NUMBER
as a			
PET INFORMATION: NUM	IBER:	DESCRIPTION:	*
NA	MES:		
EMERGENCY CONTACT: PLIFRIEND OR RELATIVE IN CAS			E NUMBER OF A LOCAL
NAME:		PHONE:	
PLEASE RETURN TO: North	west Property	Management	

780 Tek Drive, Crystal Lake, Illinois 60014 Fax - 815-459-1306 Phone - 815-459-9187