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## CENSUS FORM

PLEASE COMPLETE IN FULL AND PRINT CLEARLY

*In order to protect your family and property in case of emergency, it is imperative that our office be able to reach you as quickly as possible. The Board of Directors for your Association believes a current homeowner/resident directory is essential in enabling immediate communication between owner, tenant, the Board and our office.*

*Please rest assured that this information will be kept confidential and will only be available to our office and the Board of Directors, unless you provide direct authorization to share it with other members of the Association by way of a Homeowner Directory.*

UNIT ADDRESS:	ACCT#:	
OWNER NAME:		
OWNER ADDRESS:		
MAIN PHONE:	WORK:	CELL:
OWNER EMAIL #1		
OWNER EMAIL #2		

*Please remember, if you are leasing your unit, you are required to provide our office with all leasing documentation prior to occupancy and upon lease renewal thereafter, and you are also required to provide your tenant(s) with a copy of your Association's Rules and Regulations and ensure compliance.*

TENANT NAME:		
TENANT PHONE:	WORK:	CELL:
TENANT EMAIL #1		
TENANT EMAIL #2		

HOMEOWNER AGREES TO RECEIVE CORRESPONDENCE FROM ROWELL AND THEIR ASSOCIATION BY EMAIL.  
 (EMAILED CORRESPONDENCE WILL BE IN ADDITION TO, NOT IN LIEU OF, REGULAR MAIL, UNLESS A RESPONSE IS RECEIVED CONFIRMING RECEIPT OF THE EMAILED CORRESPONDENCE.)

I AUTHORIZE ROWELL AND THE ASSOCIATION TO INCLUDE THE ABOVE INFORMATION IN A HOMEOWNER DIRECTORY, SHOULD THE ASSOCIATION CHOOSE TO PROVIDE ONE TO THE ENTIRE MEMBERSHIP.

<i>IF WE CANNOT CONTACT YOU IN AN EMERGENCY, WHOM SHOULD WE CALL?</i>	
<i>NAME &amp; RELATIONSHIP:</i> _____	
<i>HOME PHONE:</i> _____	<i>WORK / CELL PHONE</i>

*LIST ALL OCCUPANTS and year of birth for children:*

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

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

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

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

5. \_\_\_\_\_

*LIST AND DESCRIPTION OF ALL PETS:*

\_\_\_\_\_

\_\_\_\_\_

*LIST ALL VEHICLES BELONGING TO UNIT RESIDENT(S):*

<i>YEAR</i>	<i>MAKE</i>	<i>MODEL</i>	<i>COLOR</i>	<i>PLATE #</i>

*HOMEOWNER INSURANCE COMPANY:* \_\_\_\_\_

*I hereby acknowledge all information on this form to be correct and valid.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

To provide our clients better service and more information about anything happening in our communities, some Associations use a service called **OneCallNow** to provide periodic updates to residents by calling, texting and emailing homeowners and residents. We can send messages to you about important news, services and general information about your community.

**To Opt-In this service, if offered by your Association, please complete the fields below:**

**Required:** Phone number \_\_\_\_\_

Optional: 2<sup>nd</sup> Phone number \_\_\_\_\_

Optional: 3<sup>rd</sup> Phone number \_\_\_\_\_

Optional: E-mail \_\_\_\_\_

Optional: Phone number to receive text messages \_\_\_\_\_

**(Standard text messaging rates apply.)**

**I DO NOT WISH TO TAKE ADVANTAGE OF THIS SERVICE, AND CHOOSE TO OPT-OUT AT THIS TIME**