

UNIT #

**RESIDENT NAMES:**

Person #1: \_\_\_\_\_

Home Ph#: \_\_\_\_\_

Business Ph#: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_

Out of Town Ph#: \_\_\_\_\_

Person #2: \_\_\_\_\_

Home Ph#: \_\_\_\_\_

Business Ph#: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_

Out of Town Ph#: \_\_\_\_\_

PET NAME(S) and TYPE/BREED: \_\_\_\_\_

**RECEIVING ROOM AUTHORIZATION:** I authorize the receiving room clerk to enter my unit to perform his duties. Yes \_\_\_ No

**CERTIFIED MAIL AUTHORIZATION:** I authorize the concierge and/or doorstaff to sign for my certified mail, excluding certified mail which is sent from the *161 Chicago Avenue East Condominium Association*. Yes \_\_\_ No

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Home Ph#: \_\_\_\_\_

Business Ph#: \_\_\_\_\_ Business Ph#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Access to Unit: Yes \_\_\_ No \_\_\_ Access to Unit: Yes \_\_\_ No \_\_\_

**PHYSICAL CONDITION:**

Please indicate any physical condition that you would like to self identify. This information is forwarded to the Fire Department pursuant to the City of Chicago Emergency Evacuation Ordinance:

**UNRESTRICTED AUTHORIZATION:** Names of persons authorized to enter unit on a permanent basis. This list should include anyone who has a key to your unit, anyone who is allowed to enter in your absence at any time (i.e. relative, housekeepers, nannies, close friends, etc.).

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE