



# W. L. Seymour, Inc.

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*Real Estate Management*

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## TURNBERRY CONDOMINIUM ASSOCIATION RESIDENT EMERGENCY FORM

Occasionally, the need arises to contact an owner and/or renter in an emergency situation. Please complete the following form and return it to the Management Office. Your phone number and email will only be used in emergency and for the purpose of providing you with more efficient service. We respect your right to privacy.

Owner's Name: _____	Unit # _____
Owner's Address: _____ _____	
Owner's Phone: (H) _____ (C) _____	
Owner's e-mail: _____ <input type="checkbox"/> Add Email Address to Turnberry Distribution List (check box)	
Emergency Contact Name: _____	
Emergency Contact Phone: _____	
Does your emergency contact have access to your unit in case of an emergency? (Y) _____ (N) _____	

**If you, the owner, don't reside at Turnberry, you are required to fill out all the information on Page 2.  
If you, the owner, reside at Turnberry, you are required to fill out the information below and skip Page 2.**

Name(s) of all residents living in Unit:			
1. _____	3. _____		
2. _____	4. _____		
Does a pet or pets reside in the unit? If so, identify number and breed(s). _____			
List all vehicles which will be parked at Turnberry:			
Vehicle #1:	_____	_____	_____
	Make	Model/Year	Color
			License Plate
Vehicle #2:	_____	_____	_____
	Make	Model/Year	Color
			License Plate

**RENTER'S EMERGENCY INFORMATION**

Renter's Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Renter's Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Renter's e-mail: \_\_\_\_\_  Add Email Address to Turnberry Distribution List (check box)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Does your emergency contact have access to your unit in case of an emergency? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Name(s) of all renters living in Unit:

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

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

Does a pet or pets reside in the unit? If so, identify number and breed(s).

\_\_\_\_\_

List all renters' vehicles which will be parked at Turnberry:

Vehicle #1:	_____	_____	_____	_____
	Make	Model/Year	Color	License Plate
Vehicle #2:	_____	_____	_____	_____
	Make	Model/Year	Color	License Plate

**Return this completed form to the Management Agent.**