

**CREEKSIDE CROSSING HOMEOWNERS ASSOCIATION
CENSUS/DECLARATION OF INSURANCE**

Please fill out this form in its entirety, and return to:
Creekside Crossing Homeowners Association
C/O Foster Premier, Inc, 456B N. Weber Road, Romeoville, IL 60446
Fax #: 815-886-9480 or Scan and e-mail: sgomez@fosterpremier.com

In accordance with the Rules and Regulations of Creekside Crossing Homeowners Association, failure to return this form will result in a violation and/or fine. ALL owners must fill out "Owner" section. If unit is rented, "Tenant/Renter" information section must also be completed and a copy of the current lease returned with this form. All information provided is kept confidential for the sole use of the Association. If more room is needed to complete any section, please use the back of this form.

Owner: _____	Tenant/Renter: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

INSURANCE INFORMATION (DUPLEX UNIT OWNERS) – A COPY OF THE DECLARATION PAGE OF YOUR INSURANCE POLICY MUST BE ATTACHED TO THIS FORM

Insurance Company

Insurance Agent: _____ Phone #: _____

WHEN IT IS NECESSARY THAT THE BY-LAWS AND/OR DECLARATION BE AMENDED, IT IS MANDATORY FOR THE FOLLOWING INFORMATION TO BE ON FILE IN THE MANAGEMENT OFFICE:

MORTGAGEE _____
(lending institution, if any, which holds your mortgage) **DO NOT LEAVE BLANK.**

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION ON THIS FORM IS CORRECT AND VALID.

SIGNATURE: _____ DATE: _____

**BOTH FORMS (CENSUS AND INSURANCE DECLARATION) MUST BE ON FILE WITH
FOSTER PREMIER NO LATER THAN 30 DAYS OF CLOSING**