

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 JANUARY 31, 2014
TO AVOID A \$25 LATE FEE**