



OAK HILL CONDOMINIUM
EMERGENCY NOTIFICATION/CONFIDENTIAL QUESTIONNAIRE -2016

All of the information below is for the use of Oak Hill Condominium Association exclusively and will be held in confidence. * Items must be filled out completely. Please be sure to complete both sides of form.

*UNIT NUMBER (S) *CELL PHONE NUMBER
*NAME *HOME TELEPHONE
*STREET ADDRESS *WORK TELEPHONE
*CITY STATE ZIP CODE E-MAIL ADDRESS (for notices and general issues)

1. EMERGENCY INFORMATION

*Are we authorized to enter without your presence in the home? YES NO

IN CASE OF EMERGENCY WE WILL ENTER

*Is your home alarmed? YES NO

If yes, Name & Phone Number of Alarm Company

EMERGENCY CONTACTS

Name Telephone # Relationship
Name Telephone # Relationship

2. PET INFORMATION

Dogs How Many? Cats How Many?

3. AUTOMOBILE INFORMATION

- Make License Number/State
Year Sticker # Color
Make License Number/State
Year Sticker # Color
Make License Number/State
Year Sticker # Color

(OVER)



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4. OWNER/RENTAL INFORMATION

Please list below the names of all persons residing in the unit. If they are children, please designate in the appropriate space (C). Be sure to supply all telephone numbers in case of an emergency.

Name	Child (C)	Home #	Work #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your unit a rental unit? _____ Yes _____ No

If yes, please provide the following information:

Name of Renters _____

Date of Lease Renewal _____

If your unit is a rental unit, is there a Management Company maintaining this unit for you?

_____ Yes _____ No

If yes, please provide the following information:

Name of Management Firm _____

Management Firm Telephone Number (____) _____

Contact Person _____

***SIGNATURE**

***DATE**

Thank you for completing this form and providing this vital information.