



OAK HILL CONDOMINIUM
EMERGENCY NOTIFICATION/CONFIDENTIAL QUESTIONNAIRE

\*\* RETURNING OF THIS FORM IS MANDATORY \*\*

If you not already completed this questionnaire and submitted it to the office. Please complete the form and return it IMMEDIATELY so we can avoid any unnecessary delays with our Oak Hill Residential Review. Every Owner is required to return the completed questionnaire even if nothing has changed from the prior year.

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.

Form fields for contact information: \*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

Form fields for emergency contacts: Name, Telephone #, Relationship

2. PET INFORMATION

3. AUTOMOBILE INFORMATION

- List of automobile information fields: 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.