

Windsor Court Condominium Association

315 W. University Drive, Suite A
Arlington Heights, IL 60004

CHANGE ORDER

Date: _____ Property Address: _____ Unit: _____

New Owner: Closing Date: _____ *copy of closing settlement statement must be provided.*

New Tenant: *provide copy of tenant lease and all supporting addendums.*

Pet Information: Dog: _____ Cat: _____ *completed Pet Registration form required.*

Change Mailing Address **Other:** _____

I would like to receive paperless billing to the Email address indicated below.

I would like to receive a new or replacement coupon payment book.

INSURANCE: Per Declarations & Bylaws and Illinois Condominium Act 765 ILCS 6-5-12; homeowner must maintain insurance on their units. Please provide a Certificate of Insurance, naming Windsor Court Condominium as a certificate holder.

OWNER'S INFORMATION:

Name(s): _____

Address: _____ City/State: _____ Zip: _____

Email: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT'S INFORMATION:

Name(s): _____

Email: _____

Children Names/Ages: _____

Phone: Home: _____ Work: _____ Cell: _____

VEHICLE INFORMATION:

Vehicle 1: Make: _____ Model: _____ Color: _____ Plate: _____

Vehicle 2: Make: _____ Model: _____ Color: _____ Plate: _____

Vehicle 3: Requesting 3rd Permit (Pursuant to Rules & Regulations, Sect. 15, please remit payment of \$200 Annual Fee)

Make: _____ Model: _____ Color: _____ Plate: _____

VEHICLE PERMIT CANCELLATION:

Cancel the following parking permits: _____

Unit Owner Signature: _____ **Date:** _____