

Chatham East Condominium Association

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

CHANGE ORDER FORM

Date: _____ **Property Address:** _____ **Unit:** _____

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

New Tenant: *Provide copy of the lease and all supporting addendums.*

Change Mailing Address

Intercom: *Need BOTH old name/phone number AND new name/phone number. Limit 12 characters for name.*

OLD _____ NEW _____

Other: _____

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

I would like to receive a replacement coupon payment book.

INSURANCE INFORMATION: Per Declaration & Bylaws and Illinois Condominium Act 765 ILCS 6-5-12, homeowners must maintain insurance on their units. Please provide a Certificate of Insurance, naming Chatham East Condominium Association as a certificate holder.

OWNER'S INFORMATION:

Name(s): _____

Address: _____ City/State/Zip _____

Email Address: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT'S INFORMATION:

Name(s): _____

Email Address: _____

Children Names/Ages: _____

Phone: Home: _____ Work: _____ Cell: _____

NEW VEHICLE INFORMATION: 1 Bedroom (up to 2 stickers) 2 Bedroom (up to 3 stickers)

VEHICLE 1: Make: _____ Model: _____ Color: _____ Plate: _____

VEHICLE 2: Make: _____ Model: _____ Color: _____ Plate: _____

VEHICLE 3: Make: _____ Model: _____ Color: _____ Plate: _____

PARKING STALL #: _____

PARKING STICKER CANCELLATION:

Cancel Parking Sticker(s): VEHICLE 1: _____

VEHICLE 2: _____

VEHICLE 3: _____

Unit Owner/Manager (please print name)

Date

Unit Owner/Manager (signature)