

Pembroke Estates Condominium Association

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

CHANGE ORDER

Date: _____ **Address:** _____

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

New Tenant

Change Mailing Address

Other: _____

I would like to receive paperless billing and notices to owner's email address indicated below.

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

Per Declarations & ByLaws and Illinois Condominium Act 765 ILCS 6-5-12, homeowners must maintain insurance on their units. Please provide a Certificate of Insurance, naming Pembroke Estates 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: _____

Phone: Home: _____ Work: _____ Cell: _____

PET INFORMATION:

Not applicable: Initials: _____

Dog: Breed: _____ Sex: _____ Weight: _____ Spayed/Neutered: Y / N

Cat: Breed: _____ Sex: _____ Weight: _____ Spayed/Neutered: Y / N

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Unit Owner's Signature: _____ **Date:** _____