

# The Metropolitan at Wellington Court Condominium Association

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

## Change Order

Date: \_\_\_\_\_ Address: **235 N. Smith St.** Unit No. \_\_\_\_\_ Garage Space No: \_\_\_\_\_

☐ **NEW OWNER:** Closing Date: \_\_\_\_\_ ☐ **Intercom Phone No.** \_\_\_\_\_

*Copy of closing settlement statement must be provided.*

☐ **Change Mailing Address**

☐ **NEW TENANT:** Move In date \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

*Provide tenant lease and all supporting addendums.*

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

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

### **OWNER'S INFORMATION:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AUTHORIZATION:** Should you require someone to contact the management office on your behalf please provide the individual's name whom Hughes Management may discuss your Unit account with.

I authorize \_\_\_\_\_, (relationship) \_\_\_\_\_ to discuss my account with Hughes Management & Consulting Corp.

### **TENANT INFORMATION:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Children Names/Ages: \_\_\_\_\_

### **PET INFORMATION:**

**DOG:** Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Male Female

*Per Declaration & Bylaws, one (1) dog per unit and dog must weigh less than 25 lbs. Completed Pet Registration form required.*

**CAT:** Breed(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

*Per Declaration & Bylaws, two (2) cats per unit.*

### **VEHICLE INFORMATION:**

1: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

2: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

### **CERTIFICATE OF INSURANCE:**

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 The Metropolitan at Wellington Court Condominium Association as a certificate holder.

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: 847-577-3160 Fax: 847-577-7520

Email: [info@hmcc1.com](mailto:info@hmcc1.com) Website: [www.hmcc1.com](http://www.hmcc1.com)

1/2020