

# 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: \_\_\_\_\_