

# Steeple View Condominium Association

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

## CHANGE ORDER

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_ Unit: \_\_\_\_\_

New Owner: Closing Date: \_\_\_\_\_ *Provide copy of closing settlement statement and Move In/Out Form.*

New Tenant: Move In Date: \_\_\_\_\_ *Provide copy of tenant lease, supporting addendums and Move In/Out Form.*

Change Mailing Address \_\_\_\_\_

Other: \_\_\_\_\_

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

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

### INSURANCE:

Per Declarations & ByLaws, homeowners must maintain insurance on their units. Please provide a Certificate of Insurance, naming Steeple View 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): \_\_\_\_\_

Children Names and Ages: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### PET INFORMATION *(completed Pet Registration Form required):*

Not applicable: Initials: \_\_\_\_\_

Dog: Breed: \_\_\_\_\_ How Many? \_\_\_\_\_ Weight: \_\_\_\_\_

Cat: Breed: \_\_\_\_\_ How Many? \_\_\_\_\_

Unit Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_