



James Kilmer Resident Information

Unit Number: _____

Unit Phone Number: _____

Please include all occupants living in the unit.

Resident (1) _____	Cell Phone: _____
Work phone: _____	Email Address: _____
Emergency Contact: _____	Phone Number: _____
	Email Address: _____

Resident (2) _____	Cell Phone: _____
Work phone: _____	Email Address: _____
Emergency Contact: _____	Phone Number: _____
	Email Address: _____

(Under 18 years of age; children 18 and older are considered Residents and require contact information.)

Child (1) in residence _____	Age: _____
Child (2) in residence _____	Age: _____
Child (3) in residence _____	Age: _____

Unit Owner (if not resident) _____ **Phone:** _____

SERVICES/ENTRY PERMISSION: A number of services are available that require permission for unit entry using keys kept in the receiving room. Most residents take advantage of these services, and we want to remind you that they are available. Please review the services below and check those that are appropriate for you. **If you do not wish to authorize any entry to your unit in your absence – other than in an emergency – check only “Lockout status” below.**

_____ **Package Delivery Service:** Receiving room personnel will deliver packages to your unit, free of charge Monday-through-Friday, with limited deliveries on Saturdays.

OR

_____ **Lockout Status:** Except in an emergency, services are not provided unless you authorize them on a case-by-case basis. Keys remain in the receiving room and are flagged to prohibit employee access to your unit. **You cannot have package delivery service if you are on lockout status.**

_____ **Unit Entry Service:** When you lose your keys or are locked out, the maintenance staff will use the keys kept in the receiving room to unlock your unit door. Each time this service is employed during non-Receiving Room hours, a fee of \$25.00 will be charged to the monthly assessment statement.

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IN CASE OF PET OWNER EMERGENCY, PLEASE PROVIDE EMERGENCY CONTACT FOR PET CARE:

Contact Name _____	Cell Phone: _____
Work phone: _____	Email Address: _____
Pet Name _____	Dog / Cat (Circle One) _____ Age _____

KEY FOB REGISTRATIONS: Please indicate the key fob registration number(s) below. The registration number is the set of numbers written on the reverse of the key fob. If you cannot read the numbers (or if there aren't any), you may stop by the Management Office to find the number, at which time the key fob will also be registered to your name. **Unregistered key fobs will be deactivated in the entry system.**

Key Fob 1: _____ **Key Fob 2:** _____ **Key Fob 3:** _____

SPECIAL ASSISTANCE SECTION: In the event of a building emergency, such as a fire, it is important to know which residents would need special assistance because of mobility, visual, or hearing impairment. If anyone in your unit requires assistance, please provide their name and a brief description of their special needs.

Name of resident needing assistance: _____

Assistance requirements: _____

REMINDER: Whenever there is any change in the above information, please update the management office.

ACKNOWLEDGEMENT/AGREEMENT:

As the undersigned:

I have read the James Kilmer Condominium Rules and Procedures, including the James Kilmer Pet Rules. I understand the contents of what I have read, and agree to abide by them at all times, and will instruct my visitors to do the same.

I fully understand that the Association, its unit owners and residents, are regulated under the terms of the James Kilmer Condominium Rules and Procedures and the Condominium Declaration and By-Laws, and as a resident and/or a unit owner at James Kilmer Condominium Association, I fully agree to abide by the terms of the Declaration and By-Laws.

I understand that, according to the James Kilmer Condominium Declaration, Article VII, Section 7.01(n)(i), that, "any failure of the lessee to comply with the terms of this Declaration shall be a default under the lease."

In addition, I (the undersigned) have received the **The City of Chicago Fire Safety Guidelines for Residential High Rise Buildings**, and the **James Kilmer Emergency Procedures** from Management..

I desire to receive the selected services, and in consideration for those services, I/We hereby release and agree to hold harmless the James Kilmer Condominium Association, its employees and agents, to the extent not prohibited by law.

Signed: _____ Resident 1 Date: _____

Signed: _____ Resident 2 Date: _____

Signed: _____ Non-resident owner

If you have questions regarding this form, please call the Management Office at (312) 654-1560.