

James/Kilmer Resident Information

Please fill in the following sections, or if you have questions call the Management Office at (312) 654-1560.

(PLEASE PRINT)

UNIT INFORMATION SECTION: (home, work and emergency numbers):

Unit number: _____

Primary Unit Phone Number: _____

Email Address: _____

Resident Name (1) _____ Work phone: _____

Additional Phone: _____

In case of Emergency, contact: _____ Day Phone: _____

Resident Name (2) _____ Work phone: _____

Additional Phone: _____

In case of Emergency, contact: _____ Day Phone: _____

Owner (if not resident) _____ Phone: _____

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.

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.

_____ **Maintenance Service:** Maintenance personnel provide some services for standard unit fixtures when requested through the management office via the work order program. Services are billable at the current labor rate plus parts, unless otherwise stated, and charges are included on the monthly assessment statement. The unit owner will be contacted for approval for any work requests likely to exceed \$75.00.

Non-resident owners, if you choose to receive maintenance service, also select one of the following options:

_____ **Maintenance services performed *only* at unit owner's request.** You do not authorize your tenant to make work requests; you will need to make written work requests to the office.

_____ **Maintenance services may be performed at unit *renter's* request.**

_____ **Package Delivery Service:** Receiving room personnel deliver packages to the inside of your unit. There is no charge for this Monday-through-Saturday service.

_____ **Unit Entry Service:** Lost key? Locked out? Security personnel use keys kept in the receiving room to unlock your unit door. Each time this service is employed, a fee of \$25.00 will be included on the monthly assessment statement.

_____ **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 but are flagged to prohibit employee access to your unit.

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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

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.**

_____ Total number of key fobs in your household

Key Fob 1: _____ Key Fob 2: _____
Key Fob 3: _____ Key Fob 4: _____
Key Fob 5: _____ Key Fob 6: _____

ACKNOWLEDGEMENT/AGREEMENT:

As the undersigned:

I have read the James/Kilmer Condominium Rules and Regulations, 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 Regulations 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 living in a multi-dwelling building requires a measure of tolerance; however that noxious or offensive activity is prohibited and that no activity should become an annoyance or nuisance to the other residents. I understand certain activities (although not limited to these activities) such as smoking or other odors, noise and the keeping of allowable pets can impact the quiet enjoyment of other residents in their units and common areas of the building; and that these activities are occasionally and from time to time of particular concern as a potential source of nuisance or disturbance. Management responds to complaints from residents in accordance with the James Kilmer Rules and Regulations and Pet Rules, ("Rules") and the Declaration of Condominium Ownership ("Declaration"). I further understand that the Board of Directors may levy a fine or progressive fines against the owner of a unit in violation of the Rules or Declaration, after due process including the opportunity for a hearing(s) on such violation(s).

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."

I have received the full Welcome Packet, including the James/Kilmer Moving Procedures.

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, as part of the Welcome Packet.

Signed: _____ Resident 1 Date: _____
Signed: _____ Resident 2 Date: _____
Signed: _____ Non-resident owner