



CLIENT INFORMATION FORM

Association name: Prairie Avenue Lofts Condominium Association

Unit number: (Please complete one worksheet for each unit you own): _____

Are you an owner or a renter: (Please circle one): Owner Renter

Address: _____

Contact Information for each occupant: Please provide both first and last names.

Name: _____ Name: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Home #: _____ Home #: _____

Email: _____ Email: _____

Emergency Contact Information: Please provide the name of at least one trusted agent who has access to your home in case of an emergency:

Name: _____ Name: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Home #: _____ Home #: _____

Email: _____ Email: _____

If you do not live at the association, what is your non-resident mailing address?

Our Owner Services Department will ensure the information provided on this form is properly entered into your account. You may access your account via www.phoenixrisinggroup.com.

Please return this form via fax (312) 850-3258, email (osd@phoenixrisinggroup.com) or mail to:
Phoenix Rising Management Group, LTD 946 West Randolph, Suite 200, Chicago, IL 60607

For office use only:

Yardi ID Number: _____

Entered in Yardi: _____ Processed by: _____ Date: _____

Entered in PRISM: _____ Processed by: _____ Date: _____

Owner provided PRISM code and password: Mailed by: _____ Date: _____

Iolanthe:Users:Jamie:Documents:Freeway Folders:PAL Folder:Acrobat etc.:Client Information Form.doc