

# Willow Brook Community Association, Inc., Units 1, 2, 3

## HOMEOWNER INFORMATION FORM

Please complete and return this information to Active Residential Management Services, Inc. (ARMS) by March 31<sup>st</sup> of each year. This information is kept confidential by the Board of Directors of the Willow Brook Community Associations, Inc. Units 1, 2, 3 and ARMS.

**Property Address:** \_\_\_\_\_, Crete, IL 60147 Lot# \_\_\_\_\_

**Homeowner (1) Name :** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

**Homeowner (2) Name :** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

**Mailing Address** (if different from property address):

\_\_\_\_\_  
\_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISCLAIMER:** It is the responsibility of the Homeowner to report any changes in the information above.

**Remit this form to: Active Residential Management Services, Inc.**

**935 W. 175<sup>th</sup> Street, Suite 101 – Homewood, Illinois 60430**

**Fax 708-647-2831 or Email: [mamador@activerms.com](mailto:mamador@activerms.com)**