Dear Homeowner(s):

Please help us update our records by filling in the following information. It is important that your Association have this information in case of fire, security problem, plumbing leaks, paramedics access to your unit or other emergency. Please return the completed form to Campion and Company, 2749 West Broadway, Los Angeles, CA 90041-1038, (323) 550-7999 or FAX it to (323) 550-7990. **PLEASE PRINT.**

BARTLETT LOFT **YOUR UNIT NO. _____**

OWNER NO.1:_____
First Name Initial Last Name
STREET ADDRESS _____
CITY, STATE AND ZIP _____EMAIL:_____

HOME PHONE: (____)_____ WORK PHONE: (____)_____ FAX: (____)_____
MAILING ADDRESS IF DIFFERENT THAN ABOVE:
_____
Street City State Zip Code

OWNER NO.2:_____
First Name Initial Last Name
STREET ADDRESS _____
CITY, STATE AND ZIP _____EMAIL:_____

HOME PHONE: (____)_____ WORK PHONE: (____)_____ FAX: (____)_____
MAILING ADDRESS IF DIFFERENT THAN ABOVE:
_____
Street City State Zip Code

IF YOU DO NOT RESIDE IN YOUR UNIT, PROVIDE THE FOLLOWING RESIDENTS' INFORMATION:

RESIDENT NO. 1:_____
First Name Initial Last Name

HOME PHONE: (____)_____ WORK PHONE: (____)_____ FAX: (____)_____

RESIDENT NO. 2:_____
First Name Initial Last Name

HOME PHONE: (____)_____ WORK PHONE: (____)_____ FAX: (____)_____

PROVIDE VEHICLE INFORMATION FOR RESIDENTS:

AUTO NO. 1: _____ _____ _____ _____
Year Make Color License Number
AUTO NO. 2: _____ _____ _____ _____
Year Make Color License Number

IN CASE OF EMERGENCY CONTACT:

FULL NAME :_____
First Name Initial Last Name
Relationship
STREET ADDRESS _____
CITY, STATE AND ZIP _____EMAIL:_____

HOME PHONE: (____)_____ WORK PHONE: (____)_____ FAX: (____)_____

WE ENCOURAGE YOU TO GIVE A KEY TO YOUR UNIT TO A NEIGHBOR WHO WILL PROVIDE ACCESS IF YOU ARE INCAPACITATED OR NOT AT HOME IN THE EVENT OF AN EMERGENCY. IF YOU HAVE GIVEN A KEY TO A NEIGHBOR(S), PLEASE PROVIDE THEIR NAME(S), UNIT NUMBER(S) AND PHONE NUMBERS:

FULL NAMES :_____
First Name Initial Last Name Relationship

UNIT NO:_____ HOME PHONE: (____)_____ WORK PHONE: (____)_____ FAX: (____)_____

The Association maintains a homeowner/resident roster that includes the names and phone numbers of the owners and residents. This roster is made available only to the owners. It is not to be used for any sales or marketing purpose. Please give us permission to publish your name(s) and phone number(s) and those of your tenant(s) by signing below:

_____ _____ _____ _____
Date Owner No. 1 Date Owner No. 2