

**RESIDENT REGISTRATION FORM**

TheBuildingGroup<sub>7</sub>

**BANK NOTE PLACE/ENGRAVERS LOFTS ASSOCIATION**

DATE: \_\_\_\_\_

UNIT # \_\_\_\_\_

**OWNER(S) CONTACT INFORMATION**

NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DO YOU RENT YOUR UNIT?**     YES     NO    (IF YES, PLEASE COMPLETE THE NEXT SECTION)

**RENTER(S) CONTACT INFORMATION**

NAME(S): \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PARKING INFORMATION**

PARKING SPACE # \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ VEHICLE MAKE/MODEL \_\_\_\_\_

**INTERCOM INFORMATION**

NAME(S) TO APPEAR ON THE INTERCOM DIRECTORY? 1. \_\_\_\_\_

2. \_\_\_\_\_

**PET INFORMATION (PLEASE ALSO COMPLETE THE PET REGISTRATION FORM AND RETURN)**

SPECIES: \_\_\_\_\_ NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

SPECIES: \_\_\_\_\_ NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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SIGNATURE(S) OF UNIT OWNER(S)

## PET REGISTRATION

TheBuildingGroup<sub>7</sub>

### BANK NOTE PLACE/ENGRAVERS LOFTS CONDOMINIUM ASSOCIATION

UNIT #: \_\_\_\_\_

UNIT OWNER(S) NAME(S): \_\_\_\_\_

RESIDENT(S) NAME(S): \_\_\_\_\_  
(IF NOT SAME AS UNIT OWNER)

RESIDENT(S) HOME #: \_\_\_\_\_

RESIDENT(S) WORK #: \_\_\_\_\_

TYPE OF PET: \_\_\_\_\_

BREED: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

AGE: \_\_\_\_\_

NAME: \_\_\_\_\_

TYPE OF PET: \_\_\_\_\_

BREED: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

AGE: \_\_\_\_\_

NAME: \_\_\_\_\_

PLEASE ATTACH A COLOR PHOTO OF YOUR PET(S) WITH THIS FORM.

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OWNER(S) SIGNATURE(S)

**BANK NOTE PLACE/ENGRAVERS LOFTS ASSOCIATION**  
**MOVING INFORMATION & RULES - BUYER**

1. For each move-in and move-out a deposit of \$500.00 shall be paid to the Association or its Managing Agent at least one week prior to the move, to cover the cost of damage to the Common Elements resulting from said move. Any damage to the Common Elements will be deducted from this amount and the balance will be returned to the party moving in/out. A forwarding address must be given for move-outs. Any repairs in excess of the deposit will be charged to the party moving in/out. In the case of moving in, such costs will be charged to the unit's assessment.
2. The Managing Agent shall be notified at least two (2) weeks prior to the date of move-in or move-out. (The Managing Agent coordinates access and scheduling, as well as the placing of protective covers in the elevator, when these are available.)
3. Move-ins or move-outs are permitted between the hours of 8:00 a.m. and 8:00 p.m. If the move is not completed by 8:00 p.m., a charge of \$50.00 per hour will be deducted from the moving fee deposit of \$500.00.
4. The Owner or a responsible representative of the Unit must be present during all move-ins or move-outs. The Owner is responsible for all persons involved with the move.
5. If a move requires use of the doors at 120 East Cullerton, the Owner must arrange for a person to be at the doors full-time to monitor them constantly and deny entrance to anyone who is not associated with the move and lacks a key.
6. If exclusive use of the elevator will be needed for moving, notice must be posted seven (7) days prior to the move by the mailboxes and in the elevator.

**The following information must be filled out and returned to the Management Office either by fax to (773) 989-6891 or by mail to: The Building Group, 1045 W. Lawrence, Chicago, Illinois 60640.**

**REQUEST FOR MOVE TIME / ELEVATOR**

OWNER NAME: \_\_\_\_\_

RESIDENT (IF APPLICABLE): \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_

UNIT: \_\_\_\_\_

REQUESTED MOVE DATE: \_\_\_\_\_

TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_