New Owner Forms
Landmark on the Lake Condominium Association Ltd.

LANDMARK
ON THE LAKE

OWNER REGISTRATION FORM

GENERAL INFORMATION

CONDO #_____ STORAGE LOCKER #_____ PARKING SPACE #_____ NUMBER OF OWNERS___ YEAR PURCHASED_____

WILL YOU BE LIVING ON-SITE? YES / NO *(circle one)*

WHERE SHOULD WE MAIL YOUR MONTHLY HOA STATEMENTS? LANDMARK CONDO UNIT / OTHER ADDRESS *(circle one)*

MAILING ADDRESS IF DIFFERENT THAN UNIT ADDRESS_____

PRIMARY OWNER INFORMATION

NAME_____ EMAIL ADDRESS_____

CELL PHONE #_____ *(required)* ALTERNATE #_____ WORK / LANDLINE *(circle one)*

EMERGENCY CONTACT NAME_____RELATIONSHIP_____

(emergency contact cannot be someone that lives with you)

EMERGENCY CONTACT PHONE NUMBER_____ DO YOU NEED PHYSICAL ASSISTANCE GOING DOWN STEPS? Y / N

VEHICLE MAKE_____ MODEL_____ YEAR_____ COLOR_____ PLATE_____

BICYCLE MAKE/DESCRIPTION_____ BICYCLE TAG # _____ *(see office)*

SECONDARY OWNER OR OCCUPANT INFORMATION *(if not applicable please cross this section off)*

NAME_____ EMAIL ADDRESS_____

CELL PHONE #_____ *(required)* ALTERNATE #_____ WORK / LANDLINE *(circle one)*

EMERGENCY CONTACT NAME_____RELATIONSHIP_____

(emergency contact cannot be someone that lives with you)

EMERGENCY CONTACT PHONE NUMBER_____ DO YOU NEED PHYSICAL ASSISTANCE GOING DOWN STEPS? Y / N

VEHICLE MAKE_____ MODEL_____ YEAR_____ COLOR_____ PLATE_____

BICYCLE MAKE/DESCRIPTION_____ BICYCLE TAG # _____ *(see office)*

CHILD INFORMATION *(Minors only. If adult children, please list them as occupants)* / *(if not applicable please cross this section off)*

NAME_____ YEAR OF BIRTH_____ CELL PHONE #_____

DOES CHILD NEED PHYSICAL ASSISTANCE GOING DOWN STEPS? Y / N *(Provide cell # if you wish for them to receive emergency LOTL texts.)*

BICYCLE MAKE/DESCRIPTION_____ BICYCLE TAG # _____ *(see office)*

[IF YOU NEED TO ADD ANOTHER OCCUPANT OR CHILD, PLEASE USE SECOND PAGE]

PET INFORMATION *(if not applicable please cross this section off)*

TYPE: DOG / CAT *(circle one)* NAME_____ BREED_____ AGE_____ WEIGHT_____

CITY OF MILWAUKEE LICENSE #_____ LICENSE EXPIRATION DATE_____

NAME OF VETERINARIAN_____ VETERINARIAN PHONE #_____

RECEIVED RABIES VACCINE YES / NO *(circle one)* RABIES EXPIRATION DATE_____ RABIES TAG # _____

PET INFORMATION *(if not applicable please cross this section off)*

TYPE: DOG / CAT *(circle one)* NAME_____ BREED_____ AGE_____ WEIGHT_____

CITY OF MILWAUKEE LICENSE #_____ LICENSE EXPIRATION DATE_____

NAME OF VETERINARIAN_____ VETERINARIAN PHONE #_____

RECEIVED RABIES VACCINE YES / NO *(circle one)* RABIES EXPIRATION DATE_____ RABIES TAG # _____

USE OF AMENITIES AND WAIVER OF LIABILITY

The undersigned resident(s) of Landmark on the Lake Condominiums understands and acknowledges that use of the amenities and facilities, such as but not limited to the: Bicycle Parking, Business Center, Car Wash, Coffee Bar, Community Room, Composting, Dog Run, Fitness Center, Guest Parking, Guest Rental Suite, Laundry Room, Multi-Purpose Room, Pool & Hot Tub, Storage Lockers and Sundeck may involve the risk of bodily injury, property damage and other dangers. I have decided to use the amenities and facilities notwithstanding those risks and dangers. I acknowledge that I have read the Rules and Regulations of each amenity and agree to abide by them in all respects. I also agree to ensure that all guests and other occupants of my unit who utilize the amenities will comply with the Rules and Regulations. I understand and agree that I am responsible for all guests and other occupants of my unit who utilize the amenities.

Accordingly, I, myself and for my heirs, assigns, and personal representatives, do hereby release, waive, absolve, discharge and agree to hold harmless Landmark on the Lake Condominium Association, LTD, LOTL, LLC and its Officers, Directors, Agents, Employees, Independent Contractors and insurers (collectively, the "Released Parties") from and against any and all rights, claims, demands, causes of action, obligations, suits, liens, damages or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which I shall or may have in the future against the Released Parties arising out of, based on, related to or connected with my use of the Landmark amenities/facilities. I agree to indemnify and hold the Released Parties harmless from the payment of any and all judgments, settlements, costs, disbursements and attorney fees' that are associated with the Released Parties having to defend or investigate any claims, action or proceeding of any type whatsoever arising out of my use of the amenities and facilities including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise.

I covenant and agree to forever refrain from instituting, prosecuting, maintaining, proceeding on, assisting with, or advising to be commenced a suit which arises out of, or may be, in whole or in part, based upon, related to, or connected with the released matters herein or any part of them. I acknowledge that this Release and Waiver of Liability is executed in exchange for the opportunity to use the amenities/facilities of Landmark on the Lake Condominium Association, LTD. This Release and Waiver of Liability shall remain in force until written revocation thereof is delivered by me to the Landmark on the Lake Condominium Association, LTD, LOTL, LLC and I understand such revocation will result in my being barred from further use of the amenities/facilities.

Printed Name: _____ Unit # _____

Signature: _____ Date: _____

Printed Name: _____ Unit # _____

Signature: _____ Date: _____

On-Going Key Release Authorization Form

Landmark on the Lake Condo Association

Resident Information	
Resident Name	Condo Unit Number
☐ I own this condo	☐ I do NOT own this condo
☐ I live in this condo	☐ I do NOT live in this condo

Landmark on the Lake is authorized to release my unit key to the following individuals and/or company at any time and may do so until I cancel this request in writing:

Family, Friends, and Individuals	
First and Last Name	Relation
First and Last Name	Relation
First and Last Name	Relation
First and Last Name	Relation
First and Last Name	Relation
First and Last Name	Relation

Service Providers and Businesses	
Company Name	Name of individual performing service, if applicable
Company Name	Name of individual performing service, if applicable
Company Name	Name of individual performing service, if applicable
Company Name	Name of individual performing service, if applicable
Company Name	Name of individual performing service, if applicable
Company Name	Name of individual performing service, if applicable

Policies & Procedures

I understand that this authorization form must be completed, and a key must be on file with the front desk to grant access to a guest. If I do not have a key on file, I will pay a $10.00 fee to have a key made. I understand that staff cannot accompany my guests to the unit. I understand that it is my responsibility to keep this form current.

Accepted, Acknowledged and Agreed by:	
Resident Signature	Date

Office Use Only	
Date Original Form Received	Last Date Form Revised by Resident

AUTHORIZATION TO HONOR DIRECT ACH DEBITS
DRAWN BY LANDMARK ON THE LAKE CONDOMINIUM, LTD.

INSTRUCTIONS

1. Complete this form. If account requires counter signatures, both signatures must appear on this form.
2. Attach voided check from checking or savings account.
3. Enter Condo Unit Number this Request Pertains To: _____

MAINTENANCE TYPE
(select one)

- ○ New ACH Setup
- ○ Change Bank Account (Existing Setup)

ACCOUNT HOLDER INFORMATION

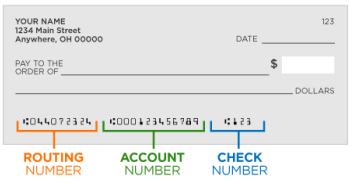
Account Type: _____ Checking _____Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Effective Start Date*: _____



As a convenience to me, for payment of services due, I hereby request and authorize LANDMARK ON THE LAKE CONDOMINIUM, LTD. to charge my bank account via Electronic Funds Transfer for any balance due on my account **on the 5th of every month**. This authorization will remain in effect until I notify LANDMARK ON THE LAKE CONDOMINIUM, LTD. in writing to cancel it in such a time as to afford a reasonable opportunity to act on it.

_____	_____	_____
Date	**Signature of Depositor	Printed Name
_____	_____	_____
Date	**Signature of Depositor	Printed Name

*ACH Form needs to be received by the 25th of the month for the request to be in place by the following month.
**Signature of Depositor must be consistent with bank records for the account which this authorization is applicable.

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Office Use Only

Unit # _____ Date of Receipt _____ Received By _____ Date Submitted _____