

**Welcome Package**  
**St. Andrews Square Condo Assoc.**

Order: L6R2M2KRV  
Address: 18465 Saint Andrew Ct Unit A  
Order Date: 06-05-2026  
Document not for resale  
HomeWiseDocs

# St. Andrew Square Owners Association

## HOMEOWNER INFORMATION FORM

Owners name (1) \_\_\_\_\_

Owners name (2) \_\_\_\_\_

Owner's primary address: \_\_\_\_\_ Unit # \_\_\_\_\_

Owner's secondary address: \_\_\_\_\_

Owner's phone numbers: Home \_\_\_\_\_

Work (1) \_\_\_\_\_ Work (2) \_\_\_\_\_

Cell (1) \_\_\_\_\_ Cell (2) \_\_\_\_\_

Owner e-mail address (1) \_\_\_\_\_

Owner e-mail address (2) \_\_\_\_\_

Vehicle # 1 – Make \_\_\_\_\_

Vehicle # 2 – Make \_\_\_\_\_

Model \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

Color \_\_\_\_\_

License Plate # \_\_\_\_\_

License Plate # \_\_\_\_\_

Space # \_\_\_\_\_

Space # \_\_\_\_\_

Is your unit ☐ Owner Occupied ☐ Rented – **If yes, please send a copy of the lease agreement.**

Renters Name (1) \_\_\_\_\_

Renters Name (2) \_\_\_\_\_

Renters Email(s) (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

Renters Phone(s) cell (1) \_\_\_\_\_ cell (2) \_\_\_\_\_

Do you have Pets (s) ☐ YES ☐ NO If yes, please complete the attached pet registration form.

In An Emergency Who Will Have Access (Key) To Your Unit?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal Emergency Contact:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE RETURN TO THE OGDEN OFFICE AS SOON AS POSSIBLE:**

OGDEN & COMPANY, INC.  
c/o condosupport@ogdenre.com  
1665 N Water Street  
MILWAUKEE, WI 53202  
OGDEN & COMPANY, INC.  
1665 N Water Street  
MILWAUKEE, WI 53202  
OGDEN & COMPANY, INC.  
1665 N Water Street  
MILWAUKEE, WI 53202  
OGDEN & COMPANY, INC.  
1665 N Water Street  
MILWAUKEE, WI 53202

**ST. ANDREW SQUARE CONDOMINIUMS  
PET OWNER REGISTRATION FORM**

**Owner Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

1. Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

• Does the pet live with you: Full-time, part-time or just visiting? \_\_\_\_\_

• Is the pet registered with the City? Yes ☐ or No ☐

Properly licensed? Yes ☐ or No ☐

License #: \_\_\_\_\_

• Are the pet's shots current? Yes ☐ or No ☐

• Does the pet get along with people? Yes ☐ or No ☐

Other animals? Yes ☐ or No ☐

• Vet Name & Phone No.: \_\_\_\_\_

2. Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

• Does the pet live with you: Full-time, part-time or just visiting? \_\_\_\_\_

• Is the pet registered with the City? Yes ☐ or No ☐

Properly licensed? Yes ☐ or No ☐

License #: \_\_\_\_\_

• Are the pet's shots current? Yes ☐ or No ☐

• Does the pet get along with people? Yes ☐ or No ☐

Other animals? Yes ☐ or No ☐

• Vet Name & Phone No.: \_\_\_\_\_

**In the event of an emergency, whom should we contact?**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO THE OGDEN OFFICE AS SOON AS POSSIBLE:**

OGDEN & COMPANY, INC.  
c/o condosupport@ogdenre.com  
1665 N. Water Street  
MILWAUKEE, WI 53202