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# LAKE POINT TOWER CONDOMINIUM ASSOCIATION

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## Leasing Packet

**Owners: Please read section I, complete the forms on pages 4-6, and return them along with a copy of the lease and credit report.**

**Tenants: Please read section II, complete the forms on pages 9-17, and call our office to schedule your move-in reservation.**

Please review this information carefully. It is advisable for you to duplicate the information in this packet and distribute as needed to all parties involved, such as leasing agents and the prospective tenant.

All materials should be submitted to the Management Office:  
505 N. Lake Shore Drive, Suite 200  
Chicago, IL 60611  
Telephone: 312-467-0505  
Fax: 312-467-1734  
Email: [office@lakepointtower.org](mailto:office@lakepointtower.org)

Our office hours are 8:30 a.m.-5:00 p.m. Monday through Friday.  
You may also find additional information, including our Rules and Regulations, on our website at [www.lakepointtower.org](http://www.lakepointtower.org).

I. **FOR OWNERS:** Please submit all paperwork to the Management Office as soon as possible, but **not less than 5 days** before the start of your new tenant's lease, per the building rules. Please be advised that these requirements apply to every new tenant.

1. \_\_\_\_\_ **Credit Report and Background Check.** Management encourages all landlords to obtain a credit report and background check for **each lease applicant** prior to the start of the lease date.

**It is the lessor's responsibility to obtain and review the credit/background check. The background check should include any misdemeanor and/or felony activity at the state, county and federal level during the past 10 years.** Foreign tenants will be asked to show their passport or visa

2. \_\_\_\_\_ **Executed Lease.** One signed copy of a standard Condominium Lease must be provided along with any riders and additional provisions created by the owner or the owner's agent. **The lease must be for a minimum of 6 months.** Please list any residents, such as family members, who are not signers of the lease as additional occupants.

3. \_\_\_\_\_ **Life Safety Compliance Plan Status Disclosure.** This is **required by the City of Chicago** effective July 17, 2012 and must be signed and dated **by the landlord** for **every new or renewing tenant**. Please see form on page 4.

To verify that Lake Point Tower is in compliance, please check the City of Chicago website at <https://data.cityofchicago.org/Buildings/Life-Safety-Evaluations/qqqh-hgyw>.

4. \_\_\_\_\_ **Absentee Landlord Information Form.** Please see form on page 5.

5. \_\_\_\_\_ **\$500 Non-Refundable Administrative Fee.** This will be billed automatically to the unit owner's assessments upon each change of tenants.

6. \_\_\_\_\_ **Move-Out Scheduled.** Please call the Management Office at 312-467-0505 to book your elevator time. If your unit is currently occupied by a tenant, it is your responsibility to make sure the moving procedures are understood and adhered to by the tenant. The moving schedule is as follows:

**Weekdays: 8:00am – 5:00pm**  
**Saturdays: 8:00am – 5:00pm**  
**Sundays and Holidays: No Moves Allowed**

Due to elevator limitations we may only accommodate two moves per day. Please book early to assure your preferred moving date and time.

7. \_\_\_\_\_ **\$150 Move- Out Fee.** Provide a non-refundable move-out fee of \$150.00 in the form of certified funds (cashier's check or money order) payable to Lake Point Tower Condominium Association. This permits scheduling of the freight elevator for up to 2 hours. We are not able to accept cash or credit cards.

8. \_\_\_\_\_ **\$150 Damage Deposit.** Provide a separate damage deposit of \$150.00 in the form of a check payable to Lake Point Tower Condominium Association. This will be voided after the move is complete, provided there is no damage done to the elevator or the common areas of the building and reservation time has not been exceeded. Should the amount of damages exceed \$150.00, you will be billed accordingly and prompt payment is expected.

Please ensure that your movers **do not lean anything against the hallway artwork**, as it is easily marred and you will be billed for any damage.

9. \_\_\_\_\_ **Moving Time in Excess of 2 Hours.** Should you need to reserve additional time, please add \$75.00 per hour to your move-out fee. Please note that the elevator will be locked off solely for your use and most moves do not require time beyond 2 hours. It is advisable that your elevator time not be used for preparation work such as packing. Moves must be completed within the time booked so that the dock may be cleared for the next scheduled move.

10. \_\_\_\_\_ **Key Fobs.** Owners who are renting out their units are allowed to keep 1 active fob. The remaining fobs must be either deactivated or registered in the tenants' names (1 fob per full-time resident age 12 or older). If additional fobs are needed, they may be purchased from the Management Office at a cost of \$50 each.

**Once the move-out is complete, Management will deactivate all fobs registered to the tenants moving out of the unit. Owners are responsible for securing the deactivated fobs from the previous tenants to be passed on to and activated for the new tenants. Owners who do not retrieve fobs from their previous tenants will have to purchase new fobs, at a cost of \$50 per fob, from the Management Office.**

11. \_\_\_\_\_ **Reassignment of Health Club Privileges.** Please see form on page 6.



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**LAKE POINT TOWER  
CONDOMINIUM ASSOCIATION**

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**LIFE SAFETY COMPLIANCE PLAN STATUS DISCLOSURE**

Pursuant to Section 13-196-206(F) of the Municipal Code of Chicago, disclosure of the status of the Life Safety Compliance Plan for the building located at 505 North Lake Shore Drive, Chicago, Illinois is as follows:

- (1) Has a life safety compliance plan for such building been submitted to the City of Chicago Department of Building and the Bureau of Fire Prevention? **YES**
  
- (2) Has such life safety compliance plan been approved in writing by the City of Chicago Department of Building and the Bureau of Fire Prevention? **YES**
  
- (3) Have all of the modifications required in the approved life safety compliance plan been fully implemented in such building? **YES**

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Name of Unit Owner Making Disclosure

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Signature of Unit Owner Making Disclosure

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Date of Disclosure

 **ABSENTEE LANDLORD INFORMATION** 

**\*TO BE COMPLETED BY UNIT OWNER ONLY\***

**Unit Number(s):** \_\_\_\_\_ **Combined Unit?** Yes No

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*Please provide the necessary information regarding any tenants living in your unit.*

**Name(s) on Lease:** \_\_\_\_\_

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**Rented Since:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**Lease Start:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**Lease Expiration:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**Credit/Background Check Completed?** Yes No

**Date of Credit/Background Check:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

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**STORAGE INFORMATION**

My tenant(s) may store items in my locker # \_\_\_\_\_ on floor # \_\_\_\_\_

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**WORK ORDER AUTHORIZATION**

I **do not** authorize my tenant(s) to submit work orders without my prior approval

I authorize my tenant(s) to submit work orders up to \$\_\_\_\_\_ without my prior approval. Any work orders above this amount should not be authorized until I am contacted.

**Note:** All new locks and key fobs for units **must be approved in writing** by a unit owner before being issued, regardless of any other permissions given.

**Name of Owner:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

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LAKE POINT TOWER CONDOMINIUM ASSOCIATION  
ASSIGNMENT OF HEALTH CLUB RIGHTS

I, \_\_\_\_\_, am the sole owner of Lake Point Tower unit number \_\_\_\_\_. As such, I am assigning my rights to utilize the facilities of the Lake Point Tower Health Club to my tenant. In doing so, I realize that I will not be allowed to use the club facilities unless I reside in a separate unit in the building or unless I specifically revoke this assignment of rights in writing to the Management Office.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**II. FOR RENTERS:** Please submit all paperwork to the Management Office as soon as possible, but **not less than 5 days** before the start of your lease, per the building rules.

1. \_\_\_\_\_ **Rider to Lease.** Please see form on page 9.

2. \_\_\_\_\_ **Move-In Scheduled.** Please call the Management Office at 312-467-0505 to notify us of your move-in date and book your elevator time. **Management must be notified of the move-in date even if the elevator has not been scheduled.**

The moving schedule is as follows:

**Weekdays: 8:00am – 5:00pm**  
**Saturdays: 8:00am – 5:00pm**  
**Sundays and Holidays: No Moves Allowed**

Due to elevator limitations we may only accommodate 2 moves per day. Please book early to assure your preferred moving date and time.

3. \_\_\_\_\_ **\$150 Move-In Fee.** Provide a non-refundable move-in fee of \$150.00 in the form of certified funds (cashier's check or money order) payable to Lake Point Tower Condominium Association. This must be paid whether or not the elevator is used and includes up to 2 hours of freight elevator time. We are not able to accept cash or credit cards.

All move-in and move-out fees and deposits by the resident moving out and the new resident moving in must be paid whether or not elevator time has been scheduled.

4. \_\_\_\_\_ **\$150 Damage Deposit.** Provide a separate damage deposit of \$150.00 in the form of a check payable to Lake Point Tower Condominium Association. This will be voided after the move is complete, provided there is no damage done to the elevator or the common areas of the building and reservation time has not been exceeded. Should the amount of damages exceed \$150.00, you will be billed accordingly and prompt payment is expected.

Please ensure that your movers **do not lean anything against the hallway artwork**, as it is easily marred and you will be billed for any damage.

5. \_\_\_\_\_ **Moving Time in Excess of 2 Hours.** Should you need to reserve additional time, please add \$75.00 per hour to your move-in fee. Please note that the elevator will be locked off solely for your use and most moves do not require time beyond 2 hours. Moves must be completed within the time booked so that the dock may be cleared for the next scheduled move.

6. \_\_\_\_\_ **Key Fobs.** Unit keys and fobs (electronic key card allowing access to the building and amenities) should be provided to the new tenants by the owner. After you obtain your fobs from the owner, please visit the Management Office to have them registered in your names. It is advisable to do this before your move-in date, because the fobs are necessary to call the freight elevators.

Management will not activate fobs until all required documents have been received.

**Tenants must be advised that fobs cannot be activated outside of office hours (Mon-Fri, 8:30am-5:00pm) and move-ins should be planned accordingly.**

7. \_\_\_\_\_ **Resident Information.** Please see forms on pages 10-15.
8. \_\_\_\_\_ **Bicycle Registration Form (If Applicable).** Please see form on page 16. Yellow bicycle decals are available free of charge from the Management Office.
9. \_\_\_\_\_ **Health Club Waiver.** Please see form on page 17.
10. \_\_\_\_\_ **Set Up Utilities.** Please call ComEd and any applicable phone/cable/Internet companies to transfer the service into your name. Please note that if you rent a combined unit (for example, 301/302) you will have to transfer the ComEd accounts for both sides of the unit (301 and 302).

Comcast is the exclusive provider for cable services in the building. Basic cable TV and basic high-speed Internet are included in the unit owner's assessments. You will need to call Comcast if the cable box is missing, if you would like to upgrade your cable TV or Internet service, or if you wish to have telephone service via your cable modem.

ComEd (electricity): 800-334-7661

Comcast (cable TV/cable Internet/optional telephone): 847-789-1521 (LPT hotline)

AT&T (telephone/optional DSL internet): 800-244-4444

11. \_\_\_\_\_ **Optional Orientation.** If you would like an orientation, please contact the Management Office at 312-467-0505.



**LAKE POINT TOWER  
CONDOMINIUM ASSOCIATION**

Rider to Lease

The undersigned future occupant(s) of unit #\_\_\_\_\_ of the Lake Point Tower Condominium Association, agrees that they are in receipt of, have reviewed and understand, and agree to abide by the Declaration and Bylaws of the Association and the Rules and Regulations established by the Association.

Both documents may be downloaded for free from our website at [www.lakepointtower.org](http://www.lakepointtower.org). Copies may also be obtained at cost from the Management Office.

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

Print: \_\_\_\_\_

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

Print: \_\_\_\_\_

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

Print: \_\_\_\_\_

 **LPT RESIDENTS** 

*Please complete for all **full-time residents** of your unit. Feel free to add extra names and information on the back of these pages if needed.*

**Unit Number(s):** \_\_\_\_\_ **Combined Unit?** Yes No

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

**Select One:** Mr. Mrs. Ms. Dr. Other (*Specify*): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

**Select One:** Mr. Mrs. Ms. Dr. Other (*Specify*): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

**Select One:** Mr. Mrs. Ms. Dr. Other (*Specify*): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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 **LPT RESIDENTS (Minors)** 

*Please complete for all minors who are **full-time residents** of your unit. This is to determine whether a key fob can be issued under LPT Rules and Regulations. Feel free to add extra names and information on the back of these pages if needed.*

**Unit Number(s):** \_\_\_\_\_ **Combined Unit?** Yes No

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

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

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

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

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

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

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 **LPT AUTHORIZED ENTRIES** 

*Please complete for all people **allowed permanent access** to your unit, including guests, relatives, housekeepers, etc. Feel free to add extra names and information on the back of these pages if needed.*

**Unit Number(s):** \_\_\_\_\_ **Combined Unit?** Yes No

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

**Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

**Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

**Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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 **EMERGENCY CONTACTS** 

*Please provide any emergency contacts below.*

**Unit Number(s):** \_\_\_\_\_ **Combined Unit?** Yes No

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**Emergency Contacts:**

1. Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

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## REQUEST FOR EVACUATION ASSISTANCE

People with a mobility impairment may need additional assistance during an emergency evacuation. Impairments can take many forms and may be temporary, short term, or long term. Special attention may also need to be given to young children.

This form is for individuals that wish to self-identify their need for assistance during an emergency evacuation. By providing this information and discussing it with the Fire Safety Director, the best evacuation option(s) for you can be determined and planned for.

Participation and information is a voluntary act of disclosure on the part of the individual. The information you provide to us is strictly confidential and will only be given to those designated by the Emergency Evacuation Plan and to emergency personnel.

***Please Print:***

**Unit Number(s):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Impairment:**                      Temporary              Short Term              Long Term

**Description of anticipated assistance requested:**

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**Describe any equipment or special procedures necessary to meet your safety needs:**

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**Name and unit # of evacuation assistant (must live in the building):**

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 **PET REGISTRATION** 

*Please list all pets living in unit. One dog or cat up to 30 lbs. is allowed.*

**Unit Number(s):** \_\_\_\_\_

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

1. All pet-owning Unit Owners and Tenants must re-register their pets annually with the management office.
2. A new Unit Owner or Tenant must immediately register his/her pet within five (5) business days of moving into the Building.
3. A Unit Owner or Tenant who becomes a pet owner must register within five (5) business days of acquiring that pet.
4. Registration is accomplished at the Management Office by completing and submitting the Pet Registration form, providing a **photograph** and paying a **fee**, the amount of which will be set by the Board or Management. (As of January 1, 2014, the annual fee is \$75 per dog and \$50 per cat.)
5. The Unit Owner or Tenant must provide the pet's name, breed, weight, and color to the Management Office, along with the Unit Owner's or Tenant's name and unit number.
6. Each pet will be given a registration tag.
7. For a dog or a cat, an up-to-date **rabies vaccination certificate (showing the weight of the pet)** must be provided at registration.
8. Every dog and cat must wear the registration tag; and rabies tag when outside its unit.
9. For non-conforming pets, owners must provide proof that the pets have been in the building prior to October 24, 2013. Examples of acceptable proofs are adoption records, veterinary records, etc.

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

Tag # Issued: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Breed/Color: \_\_\_\_\_

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

Immunized? Yes No N/A

**Office use only**

Date received: \_\_\_/\_\_\_/\_\_\_\_\_

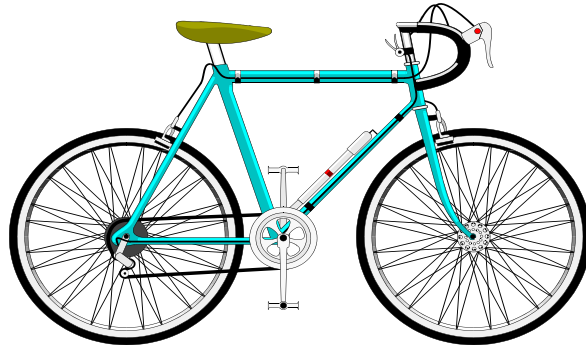
Required Documents: Complete Incomplete \_\_\_\_\_

Fee Paid: Yes No – charge to assessment

Upload to Connect: Yes No \_\_\_\_\_

LPT Management Signature: \_\_\_\_\_

# LAKE POINT TOWER CONDOMINIUM ASSOCIATION



## BICYCLE REGISTRATION FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_ UNIT \_\_\_\_\_

DESCRIPTION OF BICYCLE (COLOR/MODEL) \_\_\_\_\_

BICYCLE DECAL NUMBER \_\_\_\_\_

EXECUTIVE SPACE NUMBER (IF APPLICABLE) \_\_\_\_\_

It is my understanding that the General Bike Room stalls are not assigned, but rather used on a first-come, first-served basis. The rack space cannot be reserved by attaching a lock or by any other means. I also understand that my bicycle will be subject to removal if not properly placed in a stall.

I understand that if a space is rented in the Executive Bike Room, the bike must be placed in the assigned space or be subject to removal.

\_\_\_\_\_  
BICYCLE OWNER'S SIGNATURE





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**LAKE POINT TOWER  
CONDOMINIUM ASSOCIATION**

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**WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

In consideration and permission extended to me by the Lake Point Tower Condominium Association (the “Association”) to participate in aerobics classes and/or the use of exercise equipment in the exercise room and/or use of the racquetball court and/or use of the swimming pools and/or use of any other recreational facilities in the Lake Point Tower Condominium (the “Condominium”), I \_\_\_\_\_, do hereby fully and forever waive, release and discharge Lake Point Tower Condominium Association, its Directors, employees and agents, including FirstService Residential, and their respective successors and assigns, from any and all claims in any way resulting from personal injuries or other claims, demands, damages, and causes of action of whatsoever nature which I or my successors and assigns ever may have against any of them on account of, by reason of, or arising from the participation in such athletic activities and the use of recreational facilities at the Condominium. I further agree to hold the Association, its Board of Directors, employees and agents, including FirstService Residential, harmless from any and all claims which may be brought by anyone on my behalf or by my guests or invitees, arising from the use of such recreational facilities or participation in any athletic/recreational activities on Association property.

Dated: \_\_\_\_\_, 20\_\_

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## HELPFUL NUMBERS

### **Emergency**

Ambulance .....911 (emergencies) or 312-744-6666 (non-emergencies)  
Fire Department .....911 (emergencies) or 312-744-6666 (non-emergencies)  
Illinois Poison Center.....800-222-1222 or 800-942-5969  
Police Department.....911 (emergencies) or 311 (non-emergencies)

### **Building Amenities**

Management Office .....312-467-0505 (tel) or 312-467-1734 (fax)  
    Monday-Friday 8:30am-5:00pm  
    Mailing address:  
        Lake Point Tower Condominium Association  
        505 N. Lake Shore Drive  
        Suite 200  
        Chicago, IL 60611  
Doormen .....312-645-8805  
Dock.....312-645-8806  
    Monday-Saturday 8:00am-6:00pm (moves/deliveries scheduled until 5:00pm)  
Receiving Room.....312-645-8807  
    Monday/Wednesday/Friday 9:30am-7:30pm  
    Tuesday/Thursday 8:00am-6:00pm  
    Saturday 9:00am-5:00pm  
Garage (deeded spaces on levels B, C, D):  
    Shawn Komsta, Garage Manager 312-645-8803  
Garage (Valet Office).....312-595-9514  
Pioneer Parking, Inc.....312-664-3700  
Casa Margarita (1<sup>st</sup> floor restaurant) .....312-526-3411  
Cit  (70<sup>th</sup> floor restaurant).....312-644-4050  
McLash Studios/Salon (2<sup>nd</sup> floor).....312-374-8997  
FirstService Residential Customer Care ..877-999-6491  
Lake Point Dry Cleaners .....312-670-8989  
Lake Point Tower Dental .....312-467-3201 or 847-630-0825 (emergencies)  
Laundry room (service/maintenance):  
    Wash Laundry .....847-677-8216 or [contact@universallaundries.com](mailto:contact@universallaundries.com)  
Website .....[www.lakepointtower.org](http://www.lakepointtower.org)

### **Utilities**

AT&T (telephone-optional) .....800-244-4444  
ComEd (electricity).....800-334-7661  
Comcast (cable/internet, optional phone) 800-934-6489

### **WiFi Passwords (2<sup>nd</sup> & 3<sup>rd</sup> Floor Common Areas)**

Network Name..... LPT\_Residents  
Passcode.....Skyline8805

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**LAKE POINT TOWER  
CONDOMINIUM ASSOCIATION**

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**ACKNOWLEDGMENT OF LAKE POINT TOWER RULES and REGULATIONS**

I/We have received and read the Lake Point Tower Condominium Association Rules and Regulations dated: \_\_\_\_\_. I/We acknowledge that I/We are expected to conform to those rules. I/We also understand that any conduct resulting in a formal violation from the unit owner(s), guest(s), contactor(s), residents or tenant(s) may result in a fine being levied to the assessment account.

Acknowledged by: Owner's Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Date: \_\_\_\_\_