

THE RESIDENCE AT MORNINGSIDE CONDOMINIUM ASSOCIATION

c/o



OWNER/OCCUPANT INFORMATION

In accordance with Ohio Revised Code 5311.09(A)(2), each Unit Owner shall provide the following information to the Association within thirty (30) days of title transfer. Additionally, any change in the information shall be provided to the Association within thirty (30) days of said change. Further, when requested by the Board of Directors, a Unit Owner shall verify or update the information.

UNIT OWNER(S) NAME(S): _____

UNIT ADDRESS: _____ Morningside Way, Lorain, OH 44053 EMAIL: _____

BILLING ADDRESS: _____
IF DIFFERENT THAN UNIT ADDRESS

HOME PHONE: _____ CELL: _____ WORK: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____ PHONE: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____ PHONE: _____

The following information is required in order to protect your property/possessions and that of all of our owners:

PET(S) 1) Dog: _____ Cat: _____ Type (Breed): _____ Color(s): _____

2) Dog: _____ Cat: _____ Type (Breed): _____ Color(s): _____

If none, check here.

VEHICLE 1) Make & Model _____ COLOR: _____ LICENSE # _____

2) Make & Model _____ COLOR: _____ LICENSE # _____

3) Make & Model _____ COLOR: _____ LICENSE # _____

If none, check here.

EMERGENCY CONTACT NAME: _____ PHONE: _____
Must be able to provide access to your unit for emergency entry

Please note that this form is to be completed in entirety in order to prevent the Association from re-requesting the information. Providing partial or no information within the required thirty (30) days of receipt may result in the Board taking all action within its means to elicit compliance of the request for information. Thank you in advance for your timely response.