

# VILLAS OF OREGON TRAILS CONDOMINIUM ASSOCIATION, INC.

C/O



## OWNER/OCCUPANT(S) INFORMATION

*The Ohio State Condominium Laws, Statute 5311.09(A)(2), states that "Within thirty days after a unit owner obtains a condominium ownership interest," that this information be provided to the Association; and 5311.09(A)(3) states, "Within thirty days after a change in any information that division (A)(2) of this section requires, a unit owner shall notify the association, through the board of directors, in writing of the change. When the board of directors requests, a unit owner shall verify or update the information."*

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

UNIT ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
IF DIFFERENT THAN UNIT ADDRESS

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

OTHER OCCUPANT (OR TENANT) IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER OCCUPANT (OR TENANT) IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CARE GIVER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

### VEHICLE(S)

1) Make, Model, & Color \_\_\_\_\_ License # \_\_\_\_\_

2) Make, Model, & Color \_\_\_\_\_ License # \_\_\_\_\_

3) Make, Model, & Color \_\_\_\_\_ License # \_\_\_\_\_

4) 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 its entirety to prevent the Association from re-requesting the information. Providing partial or no information within the required 30 days of receipt may result in the Board taking any and all action within their means to elicit compliance of the request for information. Thank you in advance for your timely response.