

# THE COTTAGES AT SAVANNAH CONDOMINIUM UNIT OWNERS' ASSOCIATION

C/O



## OWNER/RESIDENT INFORMATION

*In accordance with both Article 12 of the Declaration and 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. 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.*

### OWNER INFORMATION

OWNER'S NAME: \_\_\_\_\_  
UNIT ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

JOINT OWNER'S NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

### AGENT INFO (If Unit is managed by an Agent):

AGENT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT INFO\*:

NAME(S): \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
*\*Contact must have access to your unit for emergency entry.*

### RESIDENT INFORMATION

*This information is requested in order to more effectively protect your property and possessions and that of all of our Owners – Although very important, this information is not required by state statute.*

IS YOUR UNIT LEASED, LET OR RENTED (WHETHER OR NOT FOR MONETARY COMPENSATION)? \_\_\_\_\_  
IS ANY OCCUPANT REQUIRED TO REGISTER WITH A DESIGNATED REGISTERING AGENCY AS A SEXUAL PREDATOR OR HABITUAL SEX OFFENDER? \_\_\_\_\_

OCCUPANT'S NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
EMERG. CONTACT: \_\_\_\_\_  
EMERG. PHONE: \_\_\_\_\_

2<sup>nd</sup> OCCUPANT'S NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_  
EMERGENCY PHONE: \_\_\_\_\_

### PET INFO:

DOG  CAT  N/A (none)   
TYPE/BREED: \_\_\_\_\_  
COLOR(S): \_\_\_\_\_

### PROPERTY INSURANCE INFO:

CARRIER: \_\_\_\_\_  
AGENT'S NAME: \_\_\_\_\_  
AGENT'S PHONE: \_\_\_\_\_

### VEHICLE INFO:

MAKE & MODEL: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
LICENSE PLATE #: \_\_\_\_\_

MAKE & MODEL: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
LICENSE PLATE #: \_\_\_\_\_