## WHITETAIL RUN OWNERS ASSOCIATION

c/o



## **OWNER/OCCUPANT INFORMATION FORM**

The Ohio Condominium Laws, Statute 5311.09(A)(2), states, "Within thirty days after a unit owner obtains a condominium ownership interest," that this information be provided to the Association. Further, Statute 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 NAME   | (S):                                 |       |               |
|--|--------------------------------------|-------|---------------|
| UNIT ADDRESS:  | :                                    |       |               |
| BILLING ADDRE  | SS: (If different from Unit address) |       |               |
| HOME PHONE:  |                                      | WORK: | CELL:         |
| EMAIL ADDRESS:   |                                      |       |               |
| OTHER OCCUPANT IN UNIT:  |                                      |       | RELATIONSHIP: |
| OTHER OCCUPANT IN UNIT:  |                                      |       | RELATIONSHIP: |
| OTHER OCCUPANT IN UNIT:  |                                      |       | RELATIONSHIP: |
| The following information is required in order to protect your property/possessions and that of all of the owners: |                                      |       |               |
| PETS: 1) Dog   | :: Cat: Type (Breed):                | :     | Color(s):     |
| 2) Dog   | :: Cat: Type (Breed):                |       | Color(s):     |
| ☐ IF NONE, PLEASE CHECK HERE.  |                                      |       |               |
| VEHICLES: 1)   | Color, Make & Model:                 |       | License #:    |
| 2)   | Color, Make & Model:                 |       | License #:    |
| 3)   | Color, Make & Model:                 |       | License #:    |
| 4) Color, Make & Model:  |                                      |       | License #:    |
|  | IF NONE, PLEASE CHECK HERE.          |       |               |
| EMERGENCY CONTACT NAME*:  *Must be able to provide access to your unit for emergency entry                         |                                      |       | PHONE:        |

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 thirty (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.