THE TOWNHOMES AT FIRST AND MAIN HOMEOWNERS' ASSOCIATION

c/o

KareCondo
Kare Condominium Management Company, Inc.

OWNER/OCCUPANT INFORMATION FORM

This information is Confidential and for the Board & Management's use only. The Association will not publish or share this information with anyone.

OWNER NAME(S): _____

UNIT ADDRESS: _____

BILLING ADDRESS: _____
(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*: _____ 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 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.

✉ PO Box 1714 ○ Stow, Ohio 44224 ● ☎ KareCondo 330.688.4900 ● 📠 Fax 330.688.4932
www.karecondo.com