THE VILLAS OF HUDSON HOMEOWNERS ASSOCIATION, INC.

c/o

KareCondo
Kare Condominium Management Company, Inc.

OWNER/OCCUPANT(S) INFORMATION

The Ohio State Condominium Laws, Statute 5312, states that, "Within thirty days after a unit owner obtains a condominium ownership interest" that this information be provided to the Association, and that, "within thirty days after a change in any information that 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: _____

UNIT ADDRESS: _____ EMAIL: _____

BILLING ADDRESS: _____
IF DIFFERENT THAN UNIT ADDRESS

HOME PHONE: _____WORK PHONE: _____CELL PHONE: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

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

The following information is required in order to more effectively protect your property, possessions and that of all of our owners. This information, although very important, is not required by statute.

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

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

☐ If none, check here.

VEHICLE(S) 1) Make, Model, & Color_____ License #_____

2) Make, Model, & Color_____ License #_____

3) Make, Model, & Color_____ License #_____

☐ If none, check here.

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.

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