

**OWNER / OCCUPANT(S) INFORMATION REQUEST  
TOWNE PROPERTIES**

Please complete the information below and return to Towne Properties. **The information requested, which is NOT marked as Optional, is required by Ohio law. ORC 5311.09.**

**OWNER / OCCUPANT INFORMATION**

Association Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Address, if different than Unit address: \_\_\_\_\_

Occupant(s) Name, if different from Owner: \_\_\_\_\_

Occupant(s) Relationship to Owner: \_\_\_\_\_

**Phone Contact Information:**

Owner: Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupant: Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Email(s) (Optional: for use only by office and Board):**

**Do you authorize the Board to distribute information using your email?** Yes  No

E-Mail: \_\_\_\_\_ Alt E-Mail: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**DO YOU HAVE PET(S)?** Yes  No

If yes, how many? \_\_\_\_\_ What breed(s)? \_\_\_\_\_

**How many vehicles do you have?** \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**I affirm that the information I have provided on this owner / occupant information form is true and correct to the best of my knowledge.**

**Unit Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form to Towne Properties 777 A Dearborn Park Lane Worthington, Ohio 43085, fax to 614-781-0832 or email to your Customer Service Administrator on the enclosed welcome letter.**