

The Woods at Polaris Condominium Association, Inc.

A Corporation Not-for-Profit

Mail to Property Manager referenced on Contents page

INFORMATION UPDATE FORM

Check One

Unit

Address: _____

Owner Occupied

Rental Property

Primary Owner: _____

*Last Name

*First Name

Middle Initial

*Home Telephone

*Work Telephone

*Place of Employment

Email Address

Spouse

Co-Owner:

Check One

*Last Name

*First Name

Middle Initial

*Place of Employment

*Work Telephone

**Rental Property
Information:**

Lease Effective

_____ Date

Lease Termination

_____ Date

Tenant Name(s): _____

*Last Name

*First Name

Middle Initial

*Home Telephone

*Work Telephone

*Last Name

*First Name

Middle Initial

*Home Telephone

*Work Telephone

**Occupant
Information:**

Actual Persons Residing in Unit

*Last Name

*First Name

Age

M/F

*Last Name

*First Name

Age

M/F

Pets:

_____ Type of Animal(s) & Approximate Weight(s).

Automobile(s):

_____ License Plate Number, Vehicle Make & Model

***Billing Address:** _____

_____ If different from the condominium address.

Alternate Contact: _____

_____ Name & Telephone Number

* Required by Ohio Revised Code 5111.09(a)(2) and The Woods at Polaris Condominium Association