
THE LOFTS AT WETHERINGTON CONDOMINIUM ASSOCIATION

Homeowner Information Form

Please fill out entire form and return to Eclipse Community Management, PO Box 750310, Dayton, OH 45475 or forward by email to LWTH@eclipsecommunities.com. This information is for emergency use and to communicate important information to owners. You are required to provide the condo association your name, addresses and phone numbers per the Ohio Revised Code, Section 5311.09 (A)(2).

DATE COMPLETED: _____

OWNER NAME(S): _____

ADDRESS OF CONDO: _____ - ____ Chatham Ct ADDRESS OF GARAGE G ____ - ____

MAILING ADDRESS OF OWNER (if other than above): _____

CELL PHONE #: _____ HOME PHONE #: _____

WORK PHONE#: _____ OTHER PHONE#: _____

EMAIL: _____

We encourage everyone to submit an email address if available. For every email address on file, that is one less mailing, postage, and copy that the Association has to pay for. Please provide your email address to help keep Association costs down. Thank You.

IF YOUR PROPERTY IS RENTED, PLEASE LIST NAME(S) AND PHONE NUMBER(S) OF RESIDENTS:

EMERGENCY CONTACT: *(This person should not be anyone listed above. Ideally this person should have a key to your home for use in an emergency.)*

CONTACT NAME: _____ RELATIONSHIP: _____

MOBILE PHONE#: _____ ALTERNATE PHONE#: _____

NUMBER OF VEHICLES, TYPE, COLOR AND LICENSE PLATE NUMBER:

Model & Brand	Color	License Plate

Model & Brand	Color	License Plate

PETS (circle one): Yes / No

Name	Type/Breed	Color	Weight