

# HEARTHSTONE UNIT OWNER / RESIDENT CONTACT INFORMATION

Ohio Law 5311.09 (A) (2) states the homeowner's obligation to provide ownership and occupancy information. We are providing this form to assist you in fulfilling this obligation. Please provide the information requested and return to:

Patterson Merkle Management, LLC  
4900 Reed Rd., Ste 230  
Columbus, OH 43220  
Fax 614-459-8851 email: [pma2977@yahoo.com](mailto:pma2977@yahoo.com)

Condominium Address: \_\_\_\_\_

Owner Occupied / Rental / Second Home (please circle one)

## PRIMARY OWNER INFORMATION – PLEASE SPECIFY IF THE PERSON FILLING OUT THIS FORM IS AN OWNER OR RENTER (circle one)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

## CO-OWNER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

## EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell / Work / Home (circle one)

Type of Pet(s): (Please include color, approx. weight, name)

\_\_\_\_\_  
\_\_\_\_\_

Vehicle information: (Please include make, model, year, color and license plate)

1 - \_\_\_\_\_

2 - \_\_\_\_\_