

INFORMATION UPDATE FORM



The Case Bowen Company



Please Return to:
 The Case Bowen Company
 c/o Unit Processing
 6255 Corporate Center Dr
 Dublin, OH 43016

Information required by Ohio Revised Code 5311.09(A)(2) and the McNEILL FARMS EAST Condominium Association

Unit Address:

Billing Address: (if not the same as above)

Please check and only fill out specified sections:

- OWNER OCCUPIED** (Sections: 1, 2, 3, 8)
- RENTAL: TENANT OCCUPIED** (Sections: 1, 2, 4, 5, 8)
- RENTAL: FAMILY OCCUPIED** (Sections: 1, 2, 4, 8)
- SECOND HOME:** (Sections: 1, 2, 3, 6, 8)
- OTHER:** please explain: _____ (Sections: 1, 2, 7, 8, others as apply)

Section 1: Owner Information

Primary Owner

LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline
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PLACE OF EMPLOYMENT:	PHONE: ()
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PRIMARY PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME	()	E-MAIL
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PLEASE CIRCLE Preferred method of contact: work/primary phone/e-mail

Secondary Owner/Spouse

LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline
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PLACE OF EMPLOYMENT:	PHONE: ()
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PRIMARY PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME	()	E-MAIL
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PLEASE CIRCLE Preferred method of contact: work/primary phone/e-mail

Section 2: Emergency Contact *

Emergency Contact

*** If owner cannot be reached please provide an alternate contact in the event of an emergency involving the unit.**

LAST NAME	FIRST NAME	M.I.	PHONE: ()
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RELATIONSHIP:

Section 3: Owner Occupied Information

Vehicle Information

License Plate Number	Make	Model	Color
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License Plate Number	Make	Model	Color
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Pet Information (Dogs & Cats only)

Number of Dogs:	Number of Cats:	List type of pet(s) and their weight:
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Pool and/or Club House Information

Please list all residents who will use the facilities this year:

Section 4: Rental Information: Tenant* or Family* Occupied (LEASE REQUIRED ON FILE, PLEASE INCLUDE COPY)

*AN INDIVIDUAL MAY OWN ONE (1) UNIT AND EITHER OCCUPY OR RENT IT, NO ONE MAY OWN MORE THAN ONE (1) UNIT.

*Please circle: **Tenant Occupied/Family Occupied**

Primary Tenant/Family Member	If family, Relationship:
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LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline
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PLACE OF EMPLOYEMENT	PHONE: ()
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Secondary/Spouse Tenant/Family Member	If family, Relationship:
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LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline
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PLACE OF EMPLOYEMENT	PHONE: ()
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Please list any other occupants:

Vehicles

License Plate Number	Make	Model	Color
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License Plate Number	Make	Model	Color
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Pet Information (Dogs & Cats only)

Number of Dogs:	Number of Cats:	List type of pet(s) and their weight:
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Pool and/or Club House Information

Please list all residents who will use the facilities this year:

Section 5: Lease* Information

*Lease required for all tenant rentals. Excludes family rentals.

Date lease signed: (MM/DD/YYYY)	Lease Expires:	Lease Type:
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Section 6: Second Home Information

When do you occupy the unit?

Does anyone else occupy the unit while you are away? (If yes, please fill out section 4)

Section 7: Other Information

Please use the following space to explain your situation to help us better serve you:

Section 8: Signatures*

*All information provided is true to the best of my knowledge

Signature of Owner:	Date:
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Signature of Owner:	Date:
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