

*Beacon Place at Church Square Homeowners Association*

**2017 Homeowner/Resident Registration Form**

*Please return this form filled out completely, as it is imperative that the community records are accurate per Ohio Revised Code of Planned Community Law, Section 5312.06, Power of Owner's Association, eff. 9/10/2010. We appreciate your help in updating and maintaining these records.*

**Owner(s)**

(1): \_\_\_\_\_

(2): \_\_\_\_\_

Other Occupants: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: (If different): \_\_\_\_\_

**If you have Tenants, Complete Back of Form**

**Phone Numbers**

Home: \_\_\_\_\_

Work: (1) \_\_\_\_\_ Work: (2) \_\_\_\_\_

Cell: (1) \_\_\_\_\_ Cell: (2) \_\_\_\_\_

Email: (1) \_\_\_\_\_ Email: (2) \_\_\_\_\_

**Vehicle Information of Occupants**



Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

**POINT OF CONTACT IN THE EVENT OF AN EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Does this Person have a Key to Unit/Home? Yes or No

.....  
**Tenant Information**

**OCCUPANT INFORMATION:** *If you do not currently occupy your unit or if it is leased, please provide the following information for the person(s) actually occupying your unit.*

Name of Occupant (s): \_\_\_\_\_

Phone Numbers – Home: \_\_\_\_\_ Alternate: \_\_\_\_\_

***Please complete and return this form to:***

Reserve Realty Management

480 W. Aurora Rd.

Sagamore Hills, OH 44067,

Fax: 330-467-6845 or scan and Email to [office@reservemgmt.com](mailto:office@reservemgmt.com)

