## PLEASE RETURN TO THE TWO WORLDS OFFICE

## TWO WORLDS OF COLUMBUS CONDOMINIUM ASSOCIATION HOMEOWNER/RENTER INFORMATION

Please indicate:	Owner	Renter			
Name:					
	Last		Owner	•	Spouse
Address:					
	Number	Street			Zip+4
Alternate Address:					
	Number	Street	City	State	Zip+4
Date you moved into	Two Worlds				
•			Month	Date	Year
Telephone Number:	()		()_		
	Home		Work		
	Fax	E-Mail address			
Alternate Numbers: For emergency Contact	()		()_		
	Name Relationship			onship	
Please indicate if you	wish to have	this informati	on included in our	r community d	irectory
	Yes		No		

## ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

IT IS NECESSARY TO COMPLETE AND RETURN THIS FORM FOR US TO MAINTAIN THE COMPUTER DATABASE FOR OUR COMMUNITY USED FOR OUR COMMUNICATION WITH YOU.