HOMEOWNER / RESIDENT CONTACT INFORMATION

To provide us with complete information and help us verify that your account has been correctly established, please complete the Homeowner/Resident Contact Information Form and return it to us at your earliest convenience.

Capital Property Solutions, PO Box 630, Worthington OH 43085 Fax: 614-443-3798 Email: accounting@cpscolumbus.com

*Homeowner Address:				
Owner Occupied / Rental / Second Home (please circle one)				
PRIMARY OWNER INFORMATION				
*Last Name:	*First Name:			*Middle Initial:
*Home Mailing Address:				
Please check Preferred	*Cellular Phone		□	
	*Home Phone		□	
	*Work Phone			
*E-mail Address:				
Can we use your email as a	a primary source of v	written contact from our office	? Yes□ No□	
CO-OWNER INFORMATION	ON			
*Last Name:		*First Name:		*Middle Initial:
*Home Mailing Address:				
Please check Preferred	*Cellular Phone		□	
	*Home Phone			
	*Work Phone	<u> </u>		
*E-mail Address:				
Can we use your email as a primary source of written contact from our office? Yes No				
EMERGENCY CONTACT PERSON				
Name:		Phone		Cell/Home/Work
Type of Pet(s)	<u>Approxi</u>	mate Weight (lbs)	Color(s)	
Year of Automobile(s)	<u>Make</u>	Model	Color(s)	License Plate

Color(s)

License Plate

Model

Year of Automobile(s)

<u>Make</u>