

LORIEN WOODS OWNERS' ASSOCIATION
EMERGENCY INFORMATION

Address: _____

Name(s) of Homeowners(s):

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Names of children or others residing at this address:

In case of fire, are there pets in your unit? (Please specify type and quantity):

Do you have a security system? _____ Name of System/ Installer: _____

Is it centrally monitored for Police: _____ Fire: _____ Ambulance: _____

Is it registered with Miami Township Sheriff's Department? _____

Does a resident in Lorien Woods have a key and code/password for entry into your
condominium? _____ If yes, Name(s)

Also, please list name and phone number (home, work & cell) of other persons who
does have this access or who may be contacted in case of an emergency:

Please add any other information that you think would be helpful in locating you or
another designated person in case of police, fire or medical emergency:

Please return this form to Planning Alternatives LLC; 6832 Loop Road; Centerville, OH 45459
Submission of this form is voluntary. All information is confidential and maintained
by Property Management.