Welcome Package
Ravina Estates Owner Assoc.

Order: 6RPQZF55J
Address: 3618 N Lake Dr
Order Date: 10-29-2026
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RAVINA ESTATES CONDOMINIUM ASSOCIATION

HOMEOWNER INFORMATION FORM

HOME ADDRESS:_____

RESIDENT NAME(S): _____

_____

TELEPHONE NUMBERS HOME:_____

WORK _____

TELEPHONE NUMBERS: HOME _____

WORK _____

CELL _____

E-MAIL ADDRESS: _____

_____

IN AN EMERGENCY WHO WILL HAVE ACCESS (KEY) TO YOUR UNIT?

_____ PHONE _____

RELATIONSHIP: _____

SECURITY ALARM ACCESS CODE (if applicable) _____

IN A PERSONAL EMERGENCY, WHOM SHALL WE CONTACT?

_____ PHONE _____

THIS DOCUMENT WILL BE MAINTAINED BY THE INDIVIDUAL WHO HEADS RAVINA'S BOARD AND THE SECRETARY OF THE BOARD, AS WELL AS RAVINA'S MANAGER AT OGDEN & COMPANY

PLEASE RETURN TO THE OGDEN OFFICE AS SOON AS POSSIBLE:

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OGDEN &COMPANY, INC.
c/o condosupport@ogdenre.com
1665 N. Water Street
MILWAUKEE, WI 53202

RAVINE ESTATES
PET OWNER REGISTRATION FORM

Owner Name(s): _____

Address: _____ **Unit #** _____

1. Pet Name:_____Breed:_____

Color:_____Weight: _____

- Does the pet live with you: Full-time, part-time or just visiting? _____
- Is the pet registered with the City?☐ Yes or ☐ No
- Properly licensed? ☐ Yes or ☐ No

  License #: _____
- Are the pets shots current? ☐ Yes or ☐ No
- Does the pet get along with people? ☐ Yes or ☐ No
- Other animals? ☐ Yes or ☐ No
- Vet Name & Phone No.: _____

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2. Pet Name:_____Breed:_____

Color:_____Weight:_____

- Does the pet live with you: Full-time, part-time or just visiting? _____
- Is the pet registered with the City?☐ Yes or ☐ No
- Properly licensed? ☐ Yes or ☐ No

  License #: _____
- Are the pets shots current? ☐ Yes or ☐ No
- Does the pet get along with people? ☐ Yes or ☐ No
- Other animals? ☐ Yes or ☐ No
- Vet Name & Phone No.: _____

<u>In the event of an emergency, whom should we contact</u>?

Name:_____ Phone #: _____

Name:_____ Phone #: _____

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