



**RESIDENT INFORMATION**

Address:  Suite/Unit #:  Block #:

PLEASE NOTE THAT YOU MUST COMPLETE AND SUBMIT THIS FORM TO PROPERTY MANAGEMENT.

**Consent to Receive Notice by Electronic Mail or Other Electronic Communication.** *The undersigned, being the Owner or Resident of the unit set out below, hereby consent to receive notices from the Corporation pursuant to section 47 of the Condominium Act including notices of meeting, and other notices of communication from the Corporation by electronic mail or other electronic communication.*

Owner  Tenant  Lease copy attached (required)  Lease Term

**OWNER(S) INFORMATION**

Name of Owner(s):    
Last Name First or Given Name  
   
Last Name First or Given Name

Other Residents:

Other Residents:

Tel No. (Home)  Tel No. (Business)

Cell No.  Email:

Offsite Address (if applicable):

**TENANT(S) INFORMATION**

Name of Principal Tenant(s):    
Last Name First or Given Name  
   
Last Name First or Given Name

Other Residents:

Other Residents:

Tel No. (Home)  Tel No. (Business)

Cell No.  Email:

**VEHICLE INFORMATION**

Parking Space No.  License Plate

Make & Model of Vehicle:  Colour of Vehicle:

Parking Space No.  License Plate

Make & Model of Vehicle:  Colour of Vehicle:

If parking is rented to another Resident, specify suite no.

**LOCKER INFORMATION**

Level:  Number:  Level:  Number:



## RESIDENT INFORMATION

### REQUIRING ASSISTANCE IN CASE OF EMERGENCY

If someone in your unit requires assistance in case of emergency, please advise Management so that we can give the information below to the Fire Department.

Name:

Assistance:

### EMERGENCY CONTACT (FAMILY/CLOSE FRIEND)

Name:

Relationship:

Tel No. (Home):

Tel No. (Other):

### SUMMARY OF INSURANCE

Insurance is required by Owner and Tenant. If your unit is rented, please ensure your tenant also provides the information below.

Insurance Company:

Insurance Broker:

Policy Number:

Effective Date of Policy:  Expiry Date of Policy:

### PET REGISTRATION

Name of Pet:  Breed:  Size and Weight:

Colour(s):  Age:  License No.:

### ENTRY DEVICES

Remote Control No.:  Fob No.:

Remote Control No.:  Fob No.:

### ENTERPHONE (if applicable)

Name to be Listed on the Directory Board:

Telephone No. to be Listed:

### SECURITY SYSTEM (if applicable)

Security monitoring company (if any):

Telephone No. of company:  In-suite access code:

### EXTENDED ABSENCE

If you are absent for an extended period during the year, please provide the information below.

Timeframe:

Holiday address:

Tel No. (Home):  Cell No.:

Email:

### SIGNATURE

Owner  Tenant

Signature:  Signature:  Date: