

| Date: |  |  |
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## **RESIDENT INFORMATION FORM**

(One Form Per Occupant Used only and exclusively by the Concierge & Property Management)

New owners MUST provide a copy of purchase documents plus proof of insurance New tenants MUST provide a copy of the lease agreement plus proof of insurance

| Suite/TH#   | 65 St. Mary St.         | 1080 Bay St.      | <mark>Fownhome</mark> |  |  |  |
|---|-------------------------|-------------------|-----------------------|--|--|--|
| Owner Occupied Tenant Occupied  |                         |                   |                       |  |  |  |
| Parking Space Level P Space # Locker # Level P Door # Locker #                                      |                         |                   |                       |  |  |  |
| Occupant Name   |                         |                   |                       |  |  |  |
| Occupant Email  |                         |                   |                       |  |  |  |
| Occupant Telephone Info   | H B_                    | C                 |                       |  |  |  |
| Emergency Contact Name Phone #  |                         |                   |                       |  |  |  |
| Does anyone, residing in the suite with special challenges. require assistance during an emergency? |                         |                   |                       |  |  |  |
| No  | etails:                 |                   |                       |  |  |  |
| Vehicle Make/Model  |                         | ColourPl          | ate #                 |  |  |  |
| PETS: Two (2) domestic pets allowed per unit. Provide details:                                      |                         |                   |                       |  |  |  |
| OWNER INFORMATION (if living elsewhere)   |                         |                   |                       |  |  |  |
| Owner Name(s)   |                         |                   |                       |  |  |  |
| Owner E-mail  |                         |                   |                       |  |  |  |
| Owner Telephone Info H  | B                       | C                 |                       |  |  |  |
| Mailing Address (Mandatory  | y)                      |                   |                       |  |  |  |
|   |                         |                   |                       |  |  |  |
| PLEASE RETURN ALL REQUESTED INFORMATION TO THE CONCIERGE DESK                                       |                         |                   |                       |  |  |  |
| Owner Purchase Documents Home Owner Insurance (Mandatory)   |                         |                   |                       |  |  |  |
| Tenant Lease Agreement 6 Mo. Minimum Tenant Content Insurance                                       |                         |                   |                       |  |  |  |
| Building Link Sys   | stem (% Management and/ | or Security Desk) |                       |  |  |  |