

OWNER/RESIDENT REGISTRATION FORM
8 Gladstone Avenue, Toronto, ON M6J OB3

SUITE NO.: _____

BUILDING ADDRESS: _____

REGISTERED SUITE OWNER(S):

FIRST NAME: _____ **LAST NAME:** _____

PHONE NO. 'S: (H) _____ (B) _____ (C) _____

E MAIL ADDRESS: _____

FIRST NAME: _____ **LAST NAME:** _____

PHONE NO. 'S: (H) _____ (B) _____ (C) _____

E MAIL ADDRESS: _____

OWNER'S OFFSITE ADDRESS: (If applicable)**

Street & Number

Suite No.

City

Province

Postal Code

RESIDENT/TENANT INFORMATION: ****Owner(s) must provide a copy of the lease Agreement if the Suite is tenanted**

FIRST NAME: _____ **LAST NAME:** _____

PHONE NO. 'S: (H) _____ (B) _____ (C) _____

E MAIL ADDRESS: _____

FIRST NAME: _____ **LAST NAME:** _____

PHONE NO. 'S: (H) _____ (B) _____ (C) _____

E MAIL ADDRESS: _____

A. LOCKER INFORMATION: **LOCKER NO.:** _____ **LEVEL:** _____

LOCKER NO. _____ **LEVEL:** _____

B. PARKING INFORMATION:

PARKING SPACE #: _____ **LEVEL:** _____ **MAKE:** _____ **COLOR:** _____ **LIC.NO:** _____

PARKING SPACE #: _____ **LEVEL:** _____ **MAKE:** _____ **COLOR:** _____ **LIC.NO:** _____

SPACE RENTED TO: _____ **OR SPACE RENTED FROM:** _____
(If applicable) (If applicable)

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C. SUITE ACCESS INFORMATION:

GARAGE REMOTE NO.: (1) FC# _____ INDTX# _____ / (2) FC# _____ INDTX # _____

ACCESS FOB NO.: (1) FC# _____ INDTX# _____ / (2) FC# _____ INDTX # _____

(PLASE INCLUDE ALL NUMBERS VISIBLE ON THE FOB AND GARAGE REMOTE)

D. DO YOU HAVE ANY PETS? [] YES [] NO NO. OF PETS _____

E. DO YOU OWN A BICYCLE(S)? [] YES [] NO NO. OF BICYCLES: _____

BICYCLE DESCRIPTION(S): _____

F. ENTRY PHONE INFORMATION:

NAME: (1) _____ TELEPHONE # (1) _____

NAME: (2) _____ TELEPHONE # (2) _____

(PLEASE SPECIFY THE NAME YOU WISH TO HAVE DISPLAYED ON THE DIRECTORY AND THE TELEPHONE NUMBER. MAXIMUM 2 DISPLAYS PER UNIT ONLY DUE TO SOFTWARE SIZE RESTRICTIONS)

G. DOES ANYONE IN YOUR SUITE REQUIRE ASSISTANCE IN AN EMERGENCY? [] YES [] NO

NAME OF PERSON REQUIRING ASSISTANCE: _____

TYPE OF DISABILITY/AILMENT: _____

H. ARE YOU ABSENT / ON VACATION DURING ANY PART OF THE YEAR? [] YES [] NO

FORWARDING ADDRESS: _____

CONTACT PHONE NO(S): _____ / _____

SPECIAL INSTRUCTIONS: _____

I. IN CASE OF EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND OF RESIDENTS)

NAME: _____ RELATIONSHIP: _____

PHONE NO. 'S: (H) _____ (B) _____ (C) _____

NAME: _____ RELATIONSHIP: _____

PHONE NO. 'S: (H) _____ (B) _____ (C) _____

All information on this Form will remain strictly confidential. This information is required for Fire Safety, Building Safety and Security purposes only.

It is the Suite Owner(s) responsibility to provide the Corporation with current Owner and Tenant Information prior to the Elevators being put on service for a move in. If at any time your information changes, please notify Management immediately in writing per the *Condominium Act 1998, section 47.4.*

Please keep us informed so that we can keep you informed.