

9T6 Condominium Residences

TSCC 1946 96 St. Patrick Toronto, Ontario M5T 1V2 Tel: 416-599-9600 Fax: 416-599-6104 E Mail: tsc1946@gmail.com Web: http://9t6condo.com

RESIDENT INFORMATION FORM

Suite No. _____

Registered Owner 1: _____

Registered Owner 2: _____

Mailing Address: _____

Telephone No(s): _____
Home Business Cell

E-Mail Address: _____

Enterphone Code: _____

In-Suite Alarm Code: _____

Name of Tenants: _____

Telephone No(s): _____
Home Business Cell

Email Address: _____

Email Address: _____

Make of Vehicle: (1) _____ (2) _____

License Plate No(s) (1) _____ (2) _____

Colour of Vehicle: (1) _____ (2) _____

In case of an emergency, assistance needed ☐ Yes ☐ No

Brief description of medical condition _____

Emergency Contact Name _____ Phone: _____

**PLEASE USE THE BACK OF THIS FORM TO WRITE ADDITIONAL
INFORMATION. KINDLY ADVISE THE MANAGEMENT OFFICE
IMMEDIATELY IN CASE OF ANY CHANGES IN THIS INFORMATION**