

OWNER/RESIDENT INFORMATION FORM – ARIA

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

BUILDING ADDRESS: (South Tower) 10 (North Tower) 20			
Unit/Suite Number:	Parking Level & No:		ocker No.
Owner's Name: (1)	Last Name Last Name	(If Applicable)	(If Applicable)
Address (if different from above):			
Tel Numbers: Res: ()			
E-mail Address:			
Occupant's Names: (1)		(3)	
(2)	****	(4)	
Telephone Number (If different than Unit Owne	rs) Res: ()	Bus: ()
Vehicle Make/Year/Colour		Licence Plate Nu	umber
(1)			
(2)			
In-Suite Alarm: YesNo Service	Contract With		
Bicycle Information (Make/Colour):			
Common Area Bicycle Rack Number (if assign	ned):		
Access Card/Key/Fobs Number(s):			
Garage Remote Control Numbers:			
Do you have pets? Yes No If Yes, type	and Description:		
Would you require assistance in an emergency Please list the names and any limiting conditions for residen require special assistance in an emergency or evacuation situation.	ts of your unit who, becaus	e of a medical, physical	or emotional condition, might
Name Condition/As	ssistance Required		
NameCondition/As	ssistance Required		
In Case of an Emergency Contact:			
Name:Relation	nship:	Telephone No: (_)
Notices that are required to be given to the own electronic communication: Yes No	ner may be sent by fa	x, electronic mail o	r other method of
If Unit (suite, parking stall and/or locker) ha Renewal Form '5' attached	as been leased/rented . (Requirement of th	d, complete the Sun e Condominium Ac	mmary of Lease or ct).
Owners/Residents Signature		Date_	

Please Complete and Return this Form to Simerra Property Management Inc On Site Management Office Or, Fax to: 416-293-5904;

Or, mail to Simerra Property Management Inc., 89 Skyway Avenue, Suite 200, Toronto ON M9W 6R4
Or leave at the Concierge Desk.