

RESIDENT INFORMATION SHEET

OWNER(S) INFORMATION (Required even if leasing unit or if relative taking possession.)

Registered Owner(s): _____ Suite/Unit #: _____

_____ Condo No: _____

Owner Suite Insurance Policy #: _____ Suite Hydro Set Up: () Yes () No () Copy for file

Address (If Off-Site): _____

Cell: (_____) _____ Business: (_____) _____ Home: (_____) _____

E-mail address: _____

Other residents: _____

IF LEASING UNIT, COPY OF LEASE OR FORM 5 REQUIRED. ALL TENANTS (including relatives of absent owners) MUST REGISTER.

TENANT(S) INFORMATION - if roommate please check box ☐

Name of Tenant: _____ Tel #: _____ Email: _____

Name of Tenant: _____ Tel #: _____ Email: _____

Name of Tenant: _____ Tel #: _____ Email: _____

Name of Tenant: _____ Tel #: _____ Email: _____

Lease Term: _____

VEHICLE(S) INFORMATION

License Plate # (1) _____ (2) _____ Year of Vehicle (1) _____ (2) _____

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

Colour of Vehicle (1) _____ (2) _____ Parking Space (1) _____ (2) _____

Parking Rented () Yes Unit Owner: _____

BIKE(S) INFORMATION

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Home/Cell No. _____

Business No. _____

PET INFORMATION

Pet's Name _____

Breed _____

Colour/Weight _____

Registration No. _____

IF SOMEONE IN YOUR SUITE IS HANDICAPPED, PLEASE ADVISE THE MANAGEMENT OFFICE SO THAT WE CAN GIVE THE INFORMATION TO THE FIRE DEPARTMENT IN THE EVENT OF AN EMERGENCY.

Name: _____

Handicap: _____