RESIDENT INFORMATION SHEET – T.S.C.C. 1435

OWNER INFORMATION

SUITE NO.:_____ ENTER-PHONE CODE.:_____

NAME OF REGISTERED UNIT OWNER (S):

SURNAME:_____ FIRST NAME:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

SURNAME:_____ FIRST NAME:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

ADDRESS: (IF OTHER THAN 388 RICMOND ST. WEST) **OFF-SITE OWNER** ☐ **ON-SITE OWNER** ☐

_____

Street Suite No. City Province Postal Code

TENANT INFORMATION: LIST ALL RESIDENTS LIVING IN THE SUITE

SURNAME:_____ FIRST NAME:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

SURNAME:_____ FIRST NAME:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

SURNAME:_____ FIRST NAME:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

SURNAME:_____ FIRST NAME:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

EMERGENCY ASSISTANCE INFORMATION

ARE ANY OF THE ABOVE HANDICAPPED: ☐ YES ☐ NO
IF SO, PLEASE INDICATE THE NAME(S), TYPE OF HANDICAP AND ALSO THE TYPE OF ASSISTANCE REQUIRED IN AN EMERGENCY SITUATION.

_____

EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME:_____ RELATIONSHIP:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

NAME:_____ RELATIONSHIP:_____ PHONE NO: (Res) ( )_____ (Bus) ( )_____

PARKING/LOCKER INFORMATION

PARKING SPACE(S) OWNED ☐ RENTED ☐
IF YOU ARE RENTING THE PARKING SPACES, PLEASE LIST THE FOLLOWING:

NAME OF OWNER: _____ SUITE NO.:_____

PARKING SPACE NO.	LICENCE PLATE NO.	MAKE OF VEHICLE	VEHICLE COLOUR	TRANSMITTER NO.
Level ___ No. ___				
Level ___ No. ___				

LOCKER: LEVEL_____ NO.:_____

PETS INFORMATION

DO YOU HAVE ANY PETS? YES ☐ NO ☐

IF YES PLEASE SPECIFY:_____

_____ _____

SIGNATURE DATE