

OWNER/RESIDENT INFORMATION UPDATE FORM

| | Un | it | , E | verson | Drive, To | ronto, (| ON M21 | 1 7C3 | | |
|--|--|---|--|--|---|--|--|---|--------------|----------------|
| The Corp | RPOSE following information in managing not be shared, so that all Personal Informations in the state of the | ng the assets | on behalf of the | owners, as party with | nd shall be u out authorize | se for that ed access | purpose o | nly. It is | deemed coi | ilidential, an |
| . own | ER INFORMATIO | N | | | | | | | | |
| Name | e of 1st Registered | Owner | | | | | | | A 188 | |
| Telep | phone: Home (|) | | | Business (_ | | | | | |
| Cellu | ılar () | | E | Email: | | | | | | |
| □ _B via p | y checking off this postal mail service | s box you will . You may wi | receive electro thdraw consen | nic comm t at any ti | unications fi me in writing | rom the M g to the M | lanagemer anagemer | it Office. | | aper copies |
| Nam | e of 2 ND Registered | | | | | | | | | |
| | | | | | | | | | | |
| Telep | phone: Home (|) | | | Business (_ |) | | | | |
| Telep Cellu | ılar () | | E | Cmail: | | | | | - | |
| Telep Cellu D E via p | alar () By checking off the postal mail service se provide your fo | is box you wi . You may wi rwarding ma | Il receive electr thdraw consen tiling address. (. | Cmail:onic comm t at any ti For off-site | nunications i me in writing cowners) | from the Mg to the M | Managemer anagemer | nt Office. | in lieu of p | paper copies |
| Telep Cellu D E via p Plea: | alar () By checking off the costal mail service se provide your formant information of 1st Tenant or | is box you will you may will rewarding man | Il receive electr thdraw consen tling address. (| onic comn t at any ti For off-site | nunications in me in writing cowners) | from the Mg to the M | Managemer anagemer | ent Office at Office. | in lieu of p | aper copies |
| Telep Cellu D E via p Pleas Pleas Nam Tele | By checking off the costal mail service se provide your forman information of 1st Tenant or ophone: Home (| is box you will you may will warding ma | Il receive electr thdraw consen iling address. (. cable. Also a co | Omail: onic comm t at any ti For off-site py of the I | nunications is me in writing cowners) ease or Form | from the Mg to the M | Managemer anagemer e submitt | nt Office. office. | in lieu of p | paper copies |
| Telep Cellu D E via p Pleas Pleas Nam Tele | alar () By checking off the costal mail service se provide your formant information of 1st Tenant or | is box you will you may will warding ma | Il receive electr thdraw consen iling address. (. cable. Also a co | Omail: onic comm t at any ti For off-site py of the I | nunications is me in writing cowners) ease or Form | from the Mg to the M | Managemer anagemer e submitt | nt Office. office. | in lieu of p | paper copies |
| Telep Cellu D E via p Plea: TEN Nam Tele Cellu | By checking off the costal mail service se provide your forman information of 1st Tenant or ophone: Home (| is box you will you may will warding ma | Il receive electr thdraw consen tiing address. (c | Cmail: onic comm t at any ti For off-site py of the I | nunications in me in writing cowners) ease or Form Business (| from the M on 5 must b | Managemer anagemer submitti | ent Office. | in lieu of p | paper copies |
| Cellu Pleas Tele Nam Tele Cellu Via | By checking off the costal mail service se provide your forman and the costal mail service se provide your forman and the costal mail service | is box you will you may will will you may will you may will box you will box you will box you will box you may you have you may you box Lease | Il receive electr thdraw consen illing address. (cable. Also a consented in the consented in the cable in the | onic comn t at any ti For off-site py of the L cmail: conic comment at any | nunications in writing cowners) ease or Form Business (| from the M s to the M from the ling to the | Managemer anagemer submitto Managem Managem | ent Office at Office ent Office ent Office | in lieu of p | paper copies |
| Telep Cellu | By checking off the costal mail service se provide your for the costal mail service se provide your for the costal mail service se provide your for the costal mail service se | is box you will you may will warding ma | Il receive electr thdraw consen iling address. (eable. Also a con- liting address. (eable. Also a con- eable. Also a con- | onic commit at any ti | nunications ime in writing cowners) ease or Form Business (| from the M | Managemer anagemer se submitti Managem Managem | ent Office. | in lieu of p | paper copies |

2171 Avenue Road, Suite 303 Toronto, ON, M5M 484

TEL: 416.640.6730 FAX: 416.932.9435



| Name | Mi | e if a minor (under 18) Minor Yes No | | |
|--|--|---|--|---------------------------------|
| Name | | | Mi | nor Yes No |
| Name | | | | |
| Name | | | Mi | nor 🗆 Yes 🗆 No |
| | | | | |
| RESIDENT VEHICLE (S) RECOR | RD (Please note that all vehicles must l | e registered with | the Management | Office and have a valid license |
| NAME OF VEHICLE OWNER. | VEHICLE MAKE AND MODEL | VEHICLE COLOUR | LICENSE PLATE | PARKING SPACE NUMBER |
| | | | | |
| LOCKER NUMBER: | 6. BICY | CLE RACK NU | IMBER: | |
| | | | | |
| EMERGENCY CONTACT | | | | |
| | | | | |
| In case of emergency contact: (Name | & Relation) | | | |
| | & Relation) Telephone | # 2: () | | |
| In case of emergency contact: (Name | & Relation) Telephone | # 2: () | | |
| In case of emergency contact: (Name Telephone # 1: () DISABLE PERSONS The Ontario Fire and Building Co Will any occupant of your suite re | Telephone des dictate that a record be kept o | # 2: () f all persons renergency? (circle | quiring assistan | ce in case of an emergency. |
| In case of emergency contact: (Name Telephone # 1: () DISABLE PERSONS | Telephone des dictate that a record be kept o | # 2: () f all persons renergency? (circle | quiring assistan | ce in case of an emergency. |
| In case of emergency contact: (Name Telephone # 1: () DISABLE PERSONS The Ontario Fire and Building Co Will any occupant of your suite re | Telephone des dictate that a record be kept of equire special assistance in an en Nature of Disability: given to the owner may he sent by lie: ()Em | # 2: () If all persons renergency? (circle facsimile, electro | quiring assistan e one) YES / NO onic mail, or other | ce in case of an emergency. |
| In case of emergency contact: (Name Telephone # 1: () DISABLE PERSONS The Ontario Fire and Building Co Will any occupant of your suite re Name of Disable Person: | Telephone des dictate that a record be kept of equire special assistance in an en Nature of Disability: given to the owner may he sent by lie: ()Em | # 2: () If all persons renergency? (circle facsimile, electro | quiring assistan e one) YES / NO onic mail, or other | ce in case of an emergency. |
| In case of emergency contact: (Name Telephone # 1: () | des dictate that a record be kept of equire special assistance in an enterpolar of Disability: given to the owner may he sent by Em | # 2: () If all persons renergency? (circle facsimile, electronial: | quiring assistan e one) YES / NO onic mail, or other | method of electronic |
| In case of emergency contact: (Name Telephone # 1: () | des dictate that a record be kept of equire special assistance in an enterpolar of Disability: given to the owner may he sent by Em | # 2: () If all persons renergency? (circle facsimile, electronial: | quiring assistan e one) YES / NO onic mail, or other | method of electronic |

2171 Avenue Road, Suite 303 Toronto, ON, M5M 4B4

> TEL: 416.640.6730 FAX: 416.932.9435