

OWNER/RESIDENT INFORMATION UPDATE FORM

Toronto Standard Condominium Corporation No _____

Unit _____, _____ Everson Drive, Toronto, ON M2N 7C3

PURPOSE

The following information is required by the Corporation for the purpose of carrying out the objectives and duties of the Corporation in managing the assets on behalf of the owners, and shall be use for that purpose only. It is deemed confidential, and shall not be shared, sold, or released to any third party without authorized access in any form that does not comply with the Federal Personal Information Protection and Electronic Documents Act Legislation.

1. OWNER INFORMATIONName of 1st Registered Owner _____

Telephone: Home (_____) _____ Business (_____) _____

Cellular (_____) _____ Email: _____

☐ By checking off this box you will receive electronic communications from the Management Office in lieu of paper copies via postal mail service. You may withdraw consent at any time in writing to the Management Office.

Name of 2ND Registered Owner _____

Telephone: Home (_____) _____ Business (_____) _____

Cellular (_____) _____ Email: _____

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Please provide your forwarding mailing address. (For off-site owners)

2. TENANT INFORMATION (If applicable. Also a copy of the Lease or Form 5 must be submitted with this form)Name of 1ST Tenant on Lease _____

Telephone: Home (_____) _____ Business (_____) _____

Cellular (_____) _____ Email: _____

☐ By checking off this box you will receive electronic communications from the Management Office in lieu of paper copies via postal mail service. You may withdraw consent at any time in writing to the Management Office.

Name of 2ND Tenant on Lease _____

Telephone: Home (_____) _____ Business (_____) _____

Cellular (_____) _____ Email: _____

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

TEL: 416.640.6730
FAX: 416.932.9435



ComField

Management Services Inc.

3. RESIDENT INFORMATION (Name of other residents residing in the unit. Please indicate if a minor (under 18))

Name _____ Minor ☐ Yes ☐ No
Name _____ Minor ☐ Yes ☐ No
Name _____ Minor ☐ Yes ☐ No
Name _____ Minor ☐ Yes ☐ No

4. RESIDENT VEHICLE (S) RECORD (Please note that all vehicles must be registered with the Management Office and have a valid license plate sticker)

NAME OF VEHICLE OWNER.	VEHICLE MAKE AND MODEL	VEHICLE COLOUR	LICENSE PLATE	PARKING SPACE NUMBER

5. LOCKER NUMBER: _____ **6. BICYCLE RACK NUMBER:** _____

7. EMERGENCY CONTACT

In case of emergency contact: (Name & Relation) _____
Telephone # 1: (_____) _____ Telephone # 2: (_____) _____

8. DISABLE PERSONS

The Ontario Fire and Building Codes dictate that a record be kept of all persons requiring assistance in case of an emergency. Will any occupant of your suite require special assistance in an emergency? (circle one) YES / NO

Name of Disable Person: _____ Nature of Disability: _____

Please check if notices required to be given to the owner may be sent by facsimile, electronic mail, or other method of electronic communications: YES / NO (Facsimile: (_____) Email: _____)

Date (DD/MM/YYYY): _____

Name: _____ Signature: _____

PLEASE COMPLETE AND RETURN THIS FORM TO THE MANAGEMENT OFFICE OR BY MAIL TO COMFIELD MANAGEMENT SERVICES INC. 2171 AVENUE ROAD, SUITE 303, TORONTO, ONTARIO M5M 4B4. WE THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO AND CO-OPERATION IN THIS MATTER.

Office Use Only

Received: _____ Received by: _____

Entered into system: _____

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