

GOLDVIEW PROPERTY MANAGEMENT LIMITED

OWNER/ RESIDENT INFORMATION



FUZION – T.S.C.C 2348

Unit # _____

(Please mark appropriate box)

Change of Ownership ☐ **Change of Address** ☐ • **Effective Date of Change** _____

Owner Names (1) _____ **(2)** _____

Contact Information

Owner (1)

Home _____ Work _____

Cell _____ Fax _____

Email _____

Owner (2)

Home _____ Work _____

Cell _____ Fax _____

Email _____

Mailing Address

Address _____ Postal Code: _____

Unit Residents Information – PLEASE ATTACH COPY OF LEASE AGREEMENT.

Is this unit rented? Yes ☐ No ☐ (If yes, please provide your address & complete Tenant Information below)

Tenant (1) _____

Home _____ Work _____

Cell _____ Fax _____

Email _____

Tenant (2) _____

Home _____ Work _____

Cell _____ Fax _____

Email _____

Do you have Pet (s)? Yes ☐ No ☐ If Yes, Type of Pet _____ Breed _____ Color _____

Vehicle Information

Parking Spot (1) _____ Plate # _____

Vehicle Make/Model/Color _____

Parking Spot (2) _____ Plate # _____

Vehicle Make/Model/Color _____

Emergency Contact & Other Relevant Information

Name _____ Home _____ Work _____ Cell _____

Is there anyone needing assistance in emergency? Yes ☐ No ☐

Name _____ Reason _____

Please return to: **Goldview Property Management Limited.**

On-Site Management Office: 14th floor

Site Tel (416) 516-6668 • Head Office (416) 630-1234 • Email: athiya@goldview.ca

Thank you!

Information is only for the purposes of administration, maintenance and emergencies. It is not disclosed or released to anyone outside of the Corporation or its agents without the owners' consent, unless required by law.