

## RESIDENT INFORMATION FORM

**Project Name:**  **Suite/Unit #:**  **Tower/Block #:**

*Please fill in the following and return to the Management Office or Concierge Desk (if applicable) as soon as possible, so that we may complete our occupancy records enabling us to deliver/mail pertinent information concerning your condominium community. Again, all information is respected and treated with the utmost confidentiality. Thank you.*

PLEASE NOTE THAT YOU MUST COMPLETE AND SUBMIT THIS FORM PRIOR TO REQUESTING AN ELEVATOR BOOKING TIME FOR YOUR MOVE-IN DATE.

**Owner** ☐ **Tenant** ☐ Lease copy attached (required) ☐ Lease Term

### OWNER(S) INFORMATION

**Name of Owner(s):**    
Last Name First or Given Name

Last Name First or Given Name

**Other Residents:**

**Other Residents:**

**Tel. No. (Home):** ( ) **Tel. No. (Business):** ( )

**Cell:** ( ) **E-mail:**

**Off-site Address (if applicable):**

### TENANT(S) INFORMATION

**Name of Principal Tenant(s):**    
Last Name First or Given Name

Last Name First or Given Name

**Other Residents:**

**Other Residents:**

**Tel. No. (Home):** ( ) **Tel. No. (Business):** ( )

**Cell:** ( ) **E-mail:**

### VEHICLE INFORMATION

**Parking Space No.:**  **License Plate #:**

**Make & Model of Vehicle:**  **Colour of Vehicle:**

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**Make & Model of Vehicle:**  **Colour of Vehicle:**

**DISABLED OR REQUIRING ASSISTANCE**

If someone in your suite is disabled, please advise management so that we can forward the information to the fire department in the event of an emergency.

Name:  Relationship:

**EMERGENCY CONTACT**

Name:  Relationship:

Tel. No. (Home): (  )  Tel. No. (Business): (  )

If your unit is rented, please ensure your tenant also provides the information noted above.

**SUMMARY OF INSURANCE**

Insurance/Copy attached ☐

Insurance is required by owner and tenant.

Insurance Company:

Insurance Broker:

Policy Number:

Effective Date of Policy:  Expiry Date of Policy:

**PET REGISTRATION FORM**

Name of Pet:  Breed:  Size and Weight:

Colour(s):  Age:  License No.:

Vet Name:  Vet Phone No.: (  )

**ENTRY DEVICES**

Remote Control #:  Fob #:

Remote Control #:  Fob #:

**ENTERPHONE (IF APPLICABLE)**

*I acknowledge that I am responsible for any visitors permitted entry via the enterphone system.*

Resident Initial(s):  Owner ☐ Tenant ☐

Name to appear on the enterphone system:

**SIGNATURE**

Owner ☐ Tenant ☐

Signature:  Signature:  Date: