OWNER INFORMATION FORM -

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

Unit/Suite Number:			Parking Level & No:		lo:	Locker No.		
					((If Applicable) .		(If Applicable)
Owner's Name:	: (1)	First Name	 -	Last Name	-			
	(2)	FIISLIVALIE		Last Name				
	, .	First Name	-	Last Name				
Address (if diff	erent fr	om above):_	<u>.</u>	· · · · · · · · · · · · · · · · · · ·				
Tel Numbers:	Res: ()		Bus: ()		<u>C</u>	<u>ell:()_</u>	
E-mail Address	à:							
Occupant's Na	mes:	(1)	·			(3)		
						(4)		
Telephone Nur	nber (lf	different tha	ın Unit Owne	rs) <u>Res: ()</u>		Bus:	()	
Vehicle Make/Year/Colour			· · · · · · · · · · · · · · · · · · ·			Licence Plat	e Numbe	or
(1)							,	
				Contract With				
Bicycle Inform	ation (N	lake/Colour)):					
Access Card/K	ey/Fob	s Number(s)						
Do you have p	ets? Ye	es No	If Yes, type	and Description:	 			
Would you req Please list the nam require special assi	uire as: nes and a stance in :	sistance in a my limiting cond an emergency o	i n emergency litions for residen r evacuation situa	YesN ts of your unit who, be	lo_ ecause o	of a medical, phy	sical or em	otional condition, mi
Name			_Condition/As	ssistance Required	d			
Name			_ Condition/As	ssistance Required	d			
In Case of an E	merge	ncy Contact:	:					
Name:			Relation	nship:		Telephone N	o: (<u> </u>	
	re requi	red to be giv	ren to the ow	ner may be sent l				
If Unit (su	ite, parl R	king stall and enewal Forn	d/or locker) h n '5' attached	as been leased/re l. (Requirement	ented, of the	complete the Condominiu	Summa n Act).	ry of Lease or
Owners/Resid	ents Si	gnature	•			D	ate	