



Condominium Residences

APPENDIX F

Resident Information Form

Absentee Owner Information:

Name:		Dr.	Mr.	Mrs.	Ms.
Name:		Dr.	Mr.	Mrs.	Ms.

Address:	
City:	
Province:	
Postal Code:	

Home Phone:	
Work Phone:	
Cell phone:	
E-mail Addr:	

Resident Information:

Name:		Dr.	Mr.	Mrs.	Ms.
Name:		Dr.	Mr.	Mrs.	Ms.
Name:		Dr.	Mr.	Mrs.	Ms.

Home Phone:	
Work Phone:	
Cell Phone:	
E-mail Addr:	

Suite:	
Building:	
Locker:	
Alarm Code:	
Bike Spot:	

Are there any handicapped persons in the suite? If so, please state the nature of the handicap. This is for One Park Lane emergency purposes. _____

In case of Emergency, contact:

Contact #1:

Name:	
Relation:	
Phone #:	

Contact #2:

Name:	
Relation:	
Phone #:	

Key Fobs:

1	4
2	5
3	6

Garage Cards:

1	3
2	4

Other Occupants in the Suite:

Parking Spot #:

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Rental Spot #:

From Suite #:

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License Plate #:

1	3
2	4

Pets: