



## RESIDENT INFORMATION FORM – TSCC No. – PACE CONDO

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

**BUILDING ADDRESS:** PACE Condominiums, 159 Dundas Street, East, Toronto ON, M5B 1E4

**Unit/Suite Number:** \_\_\_\_\_ **Parking Level & No:** \_\_\_\_\_ **Locker No.** \_\_\_\_\_  
(If Applicable) (If Applicable)

**Owner's Name: (1)** \_\_\_\_\_  
First Name Last Name

(2) \_\_\_\_\_  
First Name Last Name

**Address (if different from above):** \_\_\_\_\_

**Tel Numbers:** Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Occupant's Names:** (1) \_\_\_\_\_ E-mail \_\_\_\_\_

(2) \_\_\_\_\_ E-mail \_\_\_\_\_

**Telephone Numbers (If different than Unit Owners)** Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_

Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_

**Vehicle Make/Year/Color** \_\_\_\_\_ **License Plate Number** \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**In-Suite Alarm:** ☐ Yes or ☐ No **Service Contract With** \_\_\_\_\_

**Bicycle Information (Make/Colour):** \_\_\_\_\_ **Serial No.** \_\_\_\_\_

**Common Area Bicycle Rack Number (if assigned):** \_\_\_\_\_

**Access Card/Key/Fobs Number(s):** \_\_\_\_\_

**Garage Remote Control Numbers:** \_\_\_\_\_

**Do you have pets?** ☐ Yes or ☐ No - If Yes, type and Description: \_\_\_\_\_

**Would you require assistance in an emergency?** ☐ Yes or ☐ No

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

### In Case of an Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

**Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication:** ☐ Yes or ☐ No

*If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form '5' attached. (Requirement of the Condominium Act).*

**Owners/Residents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN COMPLETED FORM TO CONCIERGE OR FAX TO: 416-214-2712**