RESIDENT INFORMATION FORM

Please print all information Date: _____ Suite No: RESIDENT(S) - ARE YOU A RESIDENT L Names M/F **Email Address** 1. _____ 2. ____ 3. 3. 4. Res. Phone No: Cell Phone No: Res. Phone No.____ Cell Phone No. Other/additional No(s), please specify: If you are renting your unit please provide us with the owner/agent(s) contact information Contact_____ Contact ____ Bicycle Locker No: Room # Locker # Locker No: Room # Locker # Rented From: Rented To: ___ (If Applicable) (If Applicable) Vehicle Parking: Level # Locker # Vehicle Parking: Level # Rented From: Rented To: (If Applicable) (If Applicable) VEHICLE Make Colour License Space # Is your parking space(s) rented to another resident? Yes No (If Yes, to whom) Name____

Suite #

PETS The building has identification tags for your pet, please contact the management office to register your pet and receive an identification tag. Complete this section if your pet has already been registered. Name: Type: ____ Description: Licence No: Emergency Contact: Relationship: Address: _____ Phone No(s): Does anyone in the unit require assistance during an emergency situation? (If yes, please give name and reason below) Name: Reason: Parcel Waiver I/WE HEREBY RELEASE 18 YONGE CONDOMINIUMS AND ITS DUELY AUTHORIZED AGENTS AND EMPLOYEES FROM ANY PRESENT OR FUTURE LIABILITY SHOULD THE PARCEL OR ENVELOPE BE LOST, STOLEN, DELIVERED LATE OR DAMAGED. Resident's Name (PLEASE PRINT) Resident's Signature المنافضين للماد أن المادي المادي المعافق المادي المعادم عام المادي. المادينيات

By signing this waiver you are authorizing 18 Yonge Condominiums and its duly authorized agents and employees to accept small parcels or envelopes (excluding registered mail) on your behalf. Items will be held at the front desk for a period of 4 weeks, after which time they will be returned to the sender.

PLEASE KEEP US INFORMED, SO THAT WE CAN KEEP <u>YOU</u> INFORMED