



## OWNER/RESIDENT REGISTRATION FORM

SUITE/TOWNHOUSE NO: \_\_\_\_\_ OCCUPANCY DATE: \_\_\_\_\_

**REGISTERED SUITE/TOWNHOUSE OWNER(S):** [ ] ONSITE OWNER [ ] OFFSITE OWNER

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

**OWNER'S OFFSITE ADDRESS: (\*\*If applicable)**

Street & Number Suite No. City Province Postal Code

**RESIDENT INFORMATION:** **\*\*If different from above, Owner(s) must provide a copy of the Lease Agreement or a completed Summary of Lease in accordance with The Condominium Act, 1998.**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

A. **LOCKER INFORMATION:** LOCKER NO: \_\_\_\_\_ LEVEL: \_\_\_\_\_

LOCKER NO: \_\_\_\_\_ LEVEL: \_\_\_\_\_

B. **PARKING INFORMATION:**

PARKING SPACE #: \_\_\_\_\_ LEVEL: \_\_\_\_\_ MAKE: \_\_\_\_\_ LIC.NO: \_\_\_\_\_

PARKING SPACE #: \_\_\_\_\_ LEVEL: \_\_\_\_\_ MAKE: \_\_\_\_\_ LIC.NO: \_\_\_\_\_

SPACE RENTED TO: \_\_\_\_\_ OR SPACE RENTED FROM: \_\_\_\_\_  
(If applicable) (If applicable)

C. **SUITE/TOWNHOUSE ACCESS INFORMATION:**

ACCESS FOBS #: \_\_\_\_\_ / \_\_\_\_\_

D. **DO YOU HAVE ANY PETS?** [ ] YES [ ] NO # OF PETS: \_\_\_\_\_

(\*\*If you have pets, a Pet Registration Form must be completed and submitted with this form)

E. **DO YOU OWN A BICYCLE(S)?** [ ] YES [ ] NO # OF BICYCLES: \_\_\_\_\_

BICYCLE DESCRIPTION(S): \_\_\_\_\_

F. **ARE YOU ABSENT / ON VACATION DURING ANY PART OF THE YEAR?** [ ] YES [ ] NO

FORWARDING ADDRESS: \_\_\_\_\_

CONTACT PHONE #: (H) \_\_\_\_\_ / (C) \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

G. **IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? (FAMILY/CLOSE FRIEND OF RESIDENTS)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

**All information on this Form will remain strictly confidential. This information is required for Fire Safety, Building Safety and Security purposes only.**

It is the Suite Owner's responsibility to provide the Corporation with current Owner and Tenant Information prior to the Elevators being put on service for a move in. If at any time your information changes, it is the Suite Owner's responsibility to notify Management in writing **within 30 days of the change** per the Condominium Act 1998, section 47.4.

**Please keep us informed so that we can keep you informed.**