

## **OWNER'S REGISTRATION FORM**

In order for us to update our owner's records, please fill in the applicable information and return this form to the management office at your earliest convenience.

\*\*Please be reminded that if your unit is leased, kindly ask your tenant to fill in the Tenant Registration Form\*\*

(PLEASE PRINT CLEARLY):	
Suite No.:	Date:
Address: 88 - 90 PARKLAWN ROAD, TORONTO	
The Blue Tower (88 Park Lawn Road)	The Green Tower (90 Park Lawn Road)
OWNER'S NAME(S)	
First Name:	Last Name:
First Name:	Last Name:
CORRESPONDENCE MAILING ADDRESS:	(If different from suite number above)
Street & Number Suite No.	City Province Postal Code
CONTACT INFORMATION	
Telephone Number: (H)	(B)
Cell Phone/ Other:	
Email Address:	
DIRECTORY BOARD IN LOBBY	
Would you like to be added to the directory boar	d? Yes No
Name to be programmed:	
Phone Number to be programmed:	



## EMERGENCY CONTACT: (ie: FAMILY/CLOSE FRIEND)

Name:	Relationship:			
Telephone Numbers: (H)		(B	)	
Cell Phone/ Other:				
VEHICLE INFORMATIO	<u>ON</u>			
1. Locker No	Level:	_ Parking Space	e No	Level:
Colour & Make of Vehicle:			License Plate No.	
2. Locker No	Level:	_ Parking Space	e No	Level:
Colour & Make of Vehicle:			License Plate No.	
Do You Have Pets?  If "Yes", breed, colour and	name of pet(s):		If "Yes", How Man	
Are You Absent During Any		[ ] YES	[ ] NO If "Yes", How Man	
If "Yes" Holiday Address:				
	PHONE NO:			



## **SPECIAL ASSISTANCE INFORMATION SHEET**

The Fire Department requires that the Management, Superintendents & the Concierge have readily available a list of Residents or any Resident requiring assistance to evacuate the building. This list enables fire fighters to attend to people who would be in need of assistance without delay in the event of an emergency.

It is crucial to keep this list accurate and up-to-date. Therefore, if there are any occupant's within your unit who would be in need of assistance in an emergency, please contact the management office to advise them of your disability and complete the information below.

Assistance Needed?	YES (Circle (	NO	Suite:	
Building:				
CONTACT INFORMAT	<u>ION</u>			
Name(s):				
-				
Phone Numbers:				
Home:			Cell:	
Other:				
NATURE OF DISABILI	ГҮ:			
SPECIAL INSTRUCTIO	NS:			
IN CASE OF EMERGEN	ICY CONTACT:			
Name:			Relationship:	



Phone Number: H:	C·	Other:	