

UNIT:	#	
-------	---	--

RESIDENT INFORMATION FORM

	DI EASE COMPI	ETE AND E	V 00 =:	AAU 70 000 -	0.4.	UTV A				
DATE: SIGNATURE:							_ 1			
Name of Disabled Person :Nature of Disability:										
Does anyone in your suite require handicap assistance now or in an emergency?										
Address:						Business	5#			
Surname:	Given Name			n Name:	Home #					
EMERGENCY	CONTACT IN	FORMAT	ION							
Level.		Locker:			Level	1:		Locker	:	
Level:	DRMATION	Locker:	T		Level	ı.		1 - 1		
100000								- spott		
Model:	17/			License Plate:				Spot:		
Make:	Colour:		our:				Level:			
Model:	License Plate: Spot:									
Make:	-			Colour:			Level:			
	FORMATION							T		
Juinante	<u> </u>			Given ivar	ne.			Age:		
Surname				Given Name:				Age:	-	\dashv
Surname:				Given Name:				Age:	-	-
	CHILDREN IN	FORMATI	<u>ON</u>	C:						
CCII II										
Home #							Cell #			
Surname:			Given	Name:			Emai	1		
Home #		B		Business #		Cell #		‡		
Surname:	0		Given Name:			Ema		I		
TENANT INF	ORMATION									
	3	treet		Suite #		City		Provinc	e P	ostal code
Address:				C: t #		6:1				
NON RESIDE	NT OWNER II	NFORMAT	TION							
Home #				Business #			Cell#			
Surname:			Given Name:				Email			
Home #	Business #						Cell #			
Surname:				Given Name:			Email			
REGISTERED	OWNER INFO	ORMATIO	T							



360 Community Management Ltd.

METROPOLITAN TORONTO CONDOMINIUM CORPORATION NO. 1345

UNIT # _____

RESIDENT REQUEST FORM							
RESIDENT INFORMATION:				DATE :			
NAME :				_			
TEL # :							
RESIDENT REQUEST:							
				-			
			Signature				
0.5.55	OMPLETE AND FAX TO 36	0.001.11.11.11					

PLEASE COMPLETE AND FAX TO 360 COMMUNITY MANAGEMENT LTD.'S HEAD OFFICE Fax No:(905) 604-3609