



UNIT # _____

RESIDENT INFORMATION FORM**REGISTERED OWNER INFORMATION**

Surname:		Given Name:		Email	
Home #		Business #		Cell #	

Surname:		Given Name:		Email	
Home #		Business #		Cell #	

NON RESIDENT OWNER INFORMATION

Address:					
	Street	Suite #	City	Province	Postal code

TENANT INFORMATION

Surname:		Given Name:		Email	
Home #		Business #		Cell #	

Surname:		Given Name:		Email	
Home #		Business #		Cell #	

RESIDENT'S CHILDREN INFORMATION

Surname:		Given Name:		Age:	
Surname		Given Name:		Age:	
Surname		Given Name:		Age:	

PARKING INFORMATION

Make:		Colour:		Level:	
Model:		License Plate:		Spot:	
Make:		Colour:		Level:	
Model:		License Plate:		Spot:	

LOCKER INFORMATION

Level:		Locker:		Level:		Locker:	
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EMERGENCY CONTACT INFORMATION

Surname:		Given Name:		Home #	
Address:				Business #	

Does anyone in your suite require handicap assistance now or in an emergency? ☐ Yes ☐ No

Name of Disabled Person : _____ Nature of Disability: _____

DATE: _____ SIGNATURE: _____

PLEASE COMPLETE AND FAX OR EMAIL TO 360 COMMUNITY MANAGEMENT LTD.'S HEAD OFFICE.



360 Community Management Ltd.

METROPOLITAN TORONTO CONDOMINIUM CORPORATION NO. 1345

UNIT # _____

RESIDENT REQUEST FORM

DATE : _____

RESIDENT INFORMATION:

NAME : _____

TEL # : _____

EMAIL : _____

RESIDENT REQUEST:

Signature