

OWNER INFORMATION FORM – TSCC 2332

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

BUILDING ADDRESS: _____

Unit/Suite Number: _____ **Parking Level & No:** _____ **Locker No.** _____
(If Applicable) (If Applicable)

Owner's Name: (1) _____
First Name Last Name
(2) _____
First Name Last Name

Address (if different from above): _____

Tel Numbers: Res: _____ Bus: _____ Cell: _____

E-mail Address: _____

Occupant's Names: (1) _____ (3) _____
(2) _____ (4) _____

Telephone Number (If different than Unit Owners) Res: _____ **Bus:** _____

Vehicle Make/Year/Colour _____ **Licence Plate Number** _____

(1) _____

(2) _____

In-Suite Alarm: Yes ___ No ___ **Service Contract With** _____

Bicycle Information (Make/Colour): _____

Access Card/Key/Fobs Number(s): _____

Garage Remote Control Numbers: _____

Do you have pets? Yes ___ No ___ If Yes, type and Description: _____

Would you require assistance in an emergency? Yes ___ No ___
Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name _____ Condition/Assistance Required _____

Name _____ Condition/Assistance Required _____

In Case of an Emergency Contact:

Name: _____ Relationship: _____ Telephone No: () _____

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: Yes ___ No ___

If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form '5' attached. (Requirement of the Condominium Act).

Owners/Residents Signature _____ **Date** _____

Please Complete and Return this Form to
360 Community Management Ltd., 80 Fulton Way, Unit 203, Richmond Hill, ON L4B 1J5
Tel: 905-604-3602 x 301 Fax: 905-604-3609

PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

Please Complete and Return this Form to Property Management as soon as possible.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

SUITE #: _____

As required in the condominium corporation's Fire Safety Plan, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

Brief description (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). **Please print.**

Date Completed: _____

Resident Signature: _____