4. Other Residents Record:

Names of Other Residents In Unit	Relationship	Specify who is a chil	
5. Vehicle(s) Record:			
Vehicle License Plate	Year and Make	Colour	Parking Space
anna an amh a	î I		a. 1995 h
6. # of Suite Door Keys:	••••	Code # on Key	
# of Front Door Keys (FOBS):		Code # on Key Fobs	1.000
		- 1000	
# of Garage Door Openers		Code # on Garage Door Openers	
7. Miscellaneous:			
Locker No. (If applicable)	Yes	No	
Do you Own a Pet? Type of Pet: Cat	Pes	Other (Please Specify)	
EMERGENCY CONTACT:	Relationship	Phone Number	
Any other important information requirements or disabilities?	we should know in an a		

Date:

Signed:

OWNER/RESIDENT REGISTER METROPOLITAN TORONTO CONDOMINIUM CORPORATION NO. 1377 188 DORIS AVENUE

1. Purpose:

The completion of this form is requested by the Corporation to record the Owners/Residents of the complex. This information assists Management and the Board of Directors to know residents, the responsible parties, and whom to contact for emergencies and notices. If the information changes in the future, please advise management accordingly so that we can update our records.

UNIT NO.: 2. **Owner Record**: Name of Spouse /Partner (if not an owner) Name(s) of Registered Owner(s) Telephone (Home and or Cell): (Business): Telephone Number to be connected to Enterphone system (can be a cell number): Non-Resident Address (if not residing in suite): (Business): Telephone (Home and or Cell): If member of Board of Directors, Indicate office held _____ Email Address: Tenant(s) Record: (if applicable) 3. Name(s) of Tenant(s) Name of Spouse / Partner Telephone (Home and or Cell): (Business):

Telephone Number to be connected to Enterphone system (can be a cell number):

Email Address: