



OWNER/RESIDENT INFORMATION FORM – MTCC 943

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): _____

Common Area Bicycle Rack Number (if assigned): _____

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 _____

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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 attached. (Requirement of the Condominium Act).

Owners/Residents Signature _____ **Date** _____