

## OWNER INFORMATION FORM – T.S.C.C. 1952

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 Simerra Property Management Inc - Fax to: 416-293-5904  
Or, mail to Simerra Property Management Inc., 89 Skyway Avenue, Suite 200, Toronto ON M9W 6R4