

**CONFIDENTIAL OWNER / TENANT INFORMATION FORM**



OWNER / TENANT (circle one)

Date: \_\_\_\_\_

Suite No.: \_\_\_\_\_ 77 / 99 Harbour Square (circle one)

**Name(s) and Contact Number(s):**

1. \_\_\_\_\_ e-mail \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Bus \_\_\_\_\_

2. \_\_\_\_\_ e-mail \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Bus \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Locker(s) Information:**

Locker Unit \_\_\_\_\_ Locker Level \_\_\_\_\_

Locker Unit \_\_\_\_\_ Locker Level \_\_\_\_\_

**Parking and Vehicle Information:**

Parking Unit \_\_\_\_\_ Parking Level \_\_\_\_\_ Parking Unit \_\_\_\_\_ Parking Level \_\_\_\_\_

Parking Unit \_\_\_\_\_ Parking Level \_\_\_\_\_ Parking Unit \_\_\_\_\_ Parking Level \_\_\_\_\_

Make/Colour/Year of Car \_\_\_\_\_ Licence Plate No. \_\_\_\_\_

Make/Colour/Year of Car \_\_\_\_\_ Licence Plate No. \_\_\_\_\_

Make/Colour/Year of Car \_\_\_\_\_ Licence Plate No. \_\_\_\_\_

Make/Colour/Year of Car \_\_\_\_\_ Licence Plate No. \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No: \_\_\_\_\_

\*\*\*If assistance is needed during emergency situations, please specify type of disability and help needed:

Term of Lease \_\_\_\_\_ months / year(s)

Commencement Date: \_\_\_\_\_

***Owner(s) Only:***

***Mailing Address*** \_\_\_\_\_

***Seasonal Address*** \_\_\_\_\_