



## OWNER REGISTRATION FORM

**\*\*PLEASE PROVIDE THE NAMES OF ALL OWNERS/RESIDENTS AS THEY APPEAR ON THE PERSONAL IDENTIFICATION DOCUMENT (S). IF AN ALTERNATIVE NAME IS PREFERRED, PLEASE INDICATE IT IN BRACKETS AFTER THE LEGAL NAME\*\***

The following information is strictly confidential and must be provided as set forth in Pinnacle on Adelaide's Declaration, By-Laws and Rules

Suite Number: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
Address: 295 Adelaide Street West On-site Owner: \_\_\_\_\_ Off-site Owner: \_\_\_\_\_

### OWNER'S INFORMATION

Registered Owner(s) Name(s): \_\_\_\_\_

Address **If Off-Site Owner:** (Off-Site Owner **MUST** submit copy of Rental Agreement to the Management Office)

Street & Number	Suite Number	City	Province	Postal Code
Telephone No: Home: _____ Cell: _____ Work: _____				
1 <sup>st</sup> Email _____ 2 <sup>nd</sup> Email _____				
Fob No. _____ Fob No. _____ Transmitter No. _____				
Holiday Address: _____				
Street & Number	Suite Number	City	Province	Postal Code

### RESIDENT INFORMATION (Including On-site Owner)

Total number of **residents** \_\_\_\_\_

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: Owner \_\_\_\_\_ Family Member: \_\_\_\_\_ Tenant: \_\_\_\_\_  
.....  
2. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: Owner \_\_\_\_\_ Family Member: \_\_\_\_\_ Tenant: \_\_\_\_\_  
.....  
3. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: Owner \_\_\_\_\_ Family Member: \_\_\_\_\_ Tenant: \_\_\_\_\_  
.....  
4. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: Owner \_\_\_\_\_ Family Member: \_\_\_\_\_ Tenant: \_\_\_\_\_

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Name to be **Listed** on Directory Board: \_\_\_\_\_

**Disability Assistance Required:** Yes/No: \_\_\_\_\_ Type of Assistance: \_\_\_\_\_

Pet? \_\_\_\_\_ Type and Description: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

### **PARKING AND LOCKER INFORMATION**

Parking Space \_\_\_\_\_

Vehicle Year/Make/Model \_\_\_\_\_ Licence Plate \_\_\_\_\_ Colour \_\_\_\_\_

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Vehicle Year/Make/Model \_\_\_\_\_ Licence Plate \_\_\_\_\_ Colour \_\_\_\_\_

**Please provide Parking Rental Agreement if the parking spot is Rented.**

Locker No. \_\_\_\_\_ Locker Room No. \_\_\_\_\_ Location: \_\_\_\_\_

Locker No. \_\_\_\_\_ Locker Room No. \_\_\_\_\_ Location: \_\_\_\_\_

Bicycle/Locker No. \_\_\_\_\_ Locker Room No. \_\_\_\_\_ Location: \_\_\_\_\_

Bicycle/Locker No. \_\_\_\_\_ Locker Room No. \_\_\_\_\_ Location: \_\_\_\_\_

### **KEY INFORMATION**

Keys in Your Possession:

Locker/Bicycle Room: Yes/No \_\_\_\_\_ If "Yes", How Many: \_\_\_\_\_

How Many of:

Building Keys: \_\_\_\_\_; Suite Keys: \_\_\_\_\_; Mailbox Keys: \_\_\_\_\_ Locker Keys: \_\_\_\_\_

Original Lock: Yes/No \_\_\_\_\_

If New Lock, has Key been given to Management Office? Yes/No \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

1<sup>st</sup> Owner Signature \_\_\_\_\_ 2<sup>nd</sup> Owner Signature \_\_\_\_\_

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