

THE VICTORIAN – 105 Victoria St., Toronto, Ontario

RESIDENT INFORMATION SHEET

Suite No: \_\_\_\_\_ Enterphone Code: \_\_\_\_\_

Primary Resident

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-Mail \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home No. Bus No. Cell No.

Mailing Address: \_\_\_\_\_

Resident 2 \_\_\_\_\_ Contact No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Resident 3 \_\_\_\_\_ Contact No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Resident 4 \_\_\_\_\_ Contact No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ No. ( ) \_\_\_\_\_

If renting, please provide the following Suite Owner information:

Name \_\_\_\_\_ Contact No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Color \_\_\_\_\_ Lic. No. \_\_\_\_\_ Parking Spot \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Color \_\_\_\_\_ Lic. No. \_\_\_\_\_ Parking Spot \_\_\_\_\_

Locker No. \_\_\_\_\_ Access Fob #s \_\_\_\_\_ Garage Remote #s \_\_\_\_\_

Pets: Yes / No Type: \_\_\_\_\_

If you are currently renting an additional parking spot or locker, please provide details below:

Is anyone residing in the suite disabled? YES / NO Type of disability: \_\_\_\_\_

Is assistance required in the event of an emergency? YES / NO

**Notice to Information Provider:** The information provided herein is protected under the *Personal Information Protection and Electronic Documents Act* which became effective on January 1, 2004. Please be advised that the return of this form to the condominium Corporation implies the consent of the resident not only to the collection of this information, but also to the use of this information for the purposes set out below.

**Purposes of Collection and Use:** The provision of property management services to the residents of said condominium corporation to ensure accurate records, appropriate insurance protections for persons and property, the safety and welfare of residents and their guests or visitors, the enforcement of the provisions of the Condominium Act 1998, the Declaration and By-laws and Rules of the Corporation, the provision of repair, maintenance and/or emergency services for the corporation's property and where applicable to the property of residents, the sharing of collected information with board members and officers of the Corporation and of services to residents of the Corporation to fulfill all and any duty or obligation imposed upon the Corporation, or its manager, by law.

Primary Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_