



# OWNER/RESIDENT INFORMATION FORM

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. Please state **NOT APPLICABLE** where necessary.

<b>BUILDING NAME/ CORPORATION NUMBER:</b>							
<b>BUILDING ADDRESS:</b>							
<b>Unit/Suite Number:</b>		<b>Parking Level &amp; Number:</b>		<b>Locker Number:</b>			
<b>OWNER INFORMATION</b>							
<b>1. Owner's Name:</b>							
		<small>First Name</small>			<small>Last Name</small>		
<b>2. Owner's Name:</b>							
		<small>First Name</small>			<small>Last Name</small>		
<b>Address (if different from above):</b>							
<b>Home Phone:</b>		<b>Business Phone:</b>		<b>Cell:</b>			
<b>Email Address:</b>							
<b>ENTER-PHONE SYSTEM</b>							
<b>1. Enter-phone Name:</b> (16 characters max)							
<b>Enter-phone Number:</b>							
<b>2. Enter-phone Name:</b> (16 characters max)							
<b>Enter-phone Number:</b>							
<b>OCCUPANT / TENANT INFORMATION</b>							
<b>Occupant Names:</b>		<b>1.</b>		<b>Phone:</b>			
		<b>2.</b>		<b>Phone:</b>			
		<b>3.</b>		<b>Phone:</b>			
<b>VEHICLE / BICYCLE / PET INFORMATION</b>							
<b>1. Vehicle Make:</b>		<b>Plate:</b>		<b>Year:</b>		<b>Colour:</b>	
<b>2. Vehicle Make:</b>		<b>Plate:</b>		<b>Year:</b>		<b>Colour:</b>	
<b>Bicycle Make:</b>					<b>Colour:</b>		
<b>Bicycle Rack Number:</b>							
<b>Pets:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Type/Description:</b>				
<b>ALARM INFORMATION</b>							
<b>In-Suite Alarm:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Service Provider:</b>				
<b>Access Card/Fob:</b>		<b>Suite Key:</b>		<b>Garage Remote Number:</b>			
<b>EMERGENCY INFORMATION</b>							
<b>Do you require assistance in an emergency</b>				<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>		
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.							
<b>Name:</b>				<b>Assistance Required:</b>			
<b>Name:</b>				<b>Assistance Required:</b>			
<b>In case of Emergency Contact:</b>		<b>Name:</b>			<b>Relationship:</b>		
		<b>Home:</b>			<b>Cell:</b>		
<b><i>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).</i></b>							

Dated this: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I, \_\_\_\_\_, certify that all the information above is correct.

**Print Name**

## PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

*Please Complete and Return this Form to Property Management as soon as possible.*

<b>Name:</b>		<b>Telephone:</b>	
<b>Address:</b>			
<b>Unit/Suite Number:</b>			

**As required in the condominium corporation's Fire Safety Plan** and as per the Ontario Fire Code Section 2.8 subsection 2.8.2.1, in order to ensure the safety of all residents during any emergency in the Building or at this Site, we ask for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, this includes temporary or permanent disabilities, please fill in the information on this form below.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

**Brief description** (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). **Please type below.**

<b>Date:</b>		
<b>EMERGENCY INFORMATION</b>		
<b>In case of Emergency Contact:</b>	<b>Name:</b>	<b>Relationship:</b>
	<b>Home:</b>	<b>Cell:</b>

