

RESIDENT INFORMATION FORM

T.S.C.C. #1873 – 15 Stafford Street

*Please complete and return to: Goldview Property Management Ltd, 51 Toro Road,
Suite 200, Toronto, Ontario M3J 2A4, or fax to: (416) 630-3132*

Re: SUITE # _____, 15 Stafford Street, Toronto

RESIDENT(S): I AM AN OWNER OR I AM A TENANT.

1) _____ Bus. Tel./Cell #: _____

2) _____ Bus. Tel./Cell #: _____

3) _____ Bus. Tel./Cell #: _____

Home Tel. #: _____ Home Fax #: _____

Emergency Contact: _____ Emerg. Tel. #: _____

E-Mail: _____

Under Section 47(1) of the Condominium Act, notices shall be given by the Corporation to those owners who have notified the Corporation in writing of the owner's name and address for service. My/our address for service is:

PARKING / VEHICLE AND LOCKER INFORMATION:

Parking Unit #: _____, Level _____

Vehicle Make / Model: _____ Plate #: _____

Locker #: _____

Please indicate how you wish your name to appear on the intercom system:

TENANT INFORMATION:

I will not be renting out my unit.

or

I will be renting out my unit. I have enclosed the tenant forms as required by the Condominium Declaration and Condominium Act.