

OWNER / RESIDENT INFORMATION FORM TORONTO STANDARD CONDOMINIUM CORPORATION NO. 1844

BUILDING ADDRESS: 15 Windermere Avenue, Toronto, ON M6S 5A2

In order to set up our office files, we are requesting that you complete this form with the following data. We would appreciate if you could print carefully. All information will be kept strictly confidential.

SUITE NO.				DATE:		
REGISTERE	D OWNER(<u>S)</u>				
Name(s): Address:			·····		3)	
Telephone:)		<u>Bus:</u> ()	(Mrs.)
(Others) E-mail Addres	SS:					
SUITE OCCU	PANT (TEN	IANTS OR	FAMILY)			
Name(s): Address:			2)		3)	
Telephone:	<u>Res: (</u>)		<u>Bus: (</u>)))	(Mrs.)
(Others)						
<u>If Unit h</u>	<u>as been l</u> <u>Co</u>	<u>eased, co</u> ntact the	mplete the management	<u>Summary o</u> nt office foi	<u>f Lease or Ren</u> r this form.	<u>ewal Form.</u>
Parking	<u>Space No.</u>	Level	Make/Year	of Vehicle	Colour	License No.
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WINDERMERE	By The Lake
Rented from:	Rented to:
Locker(s) No:	
Access Card Code(s):	
Quantity Common Area Key(s): Qu	antity Garage Door Remote Control(s):
Name:	Phone No
Would you require assistance in an emergency? Type of Disability:	Yes 🗌 No 🗌
Do you have pets? Yes	No 🗌
If yes, type and description:	
Tag No: (if applicable)	

PLEASE RETURN THIS FORM TO THE MANAGEMENT OFFICE WHEN COMPLETED AT YOUR EARLIEST CONVENIENCE.

*** If, at any time the above information changes, please notify in writing, the Property Management Office immediately. Please keep us informed so that we can keep you informed.