

RESIDENT INFORMATION FORM

Dear Resident of Yorktown on the Park,

We would ask your co-operation in helping us maintain our records by supplying us with the requested information below. All information will be kept strictly confidential. Please return this form to the Concierge once completed. *All residents must complete this form otherwise the Concierge may refuse entry to premises and/or the acceptance of any deliveries.*

OWNER(S) INFORMATION:

Suite #:	Owner:	(Last name and First name – Please Print)
Occupied by: Owner:	Tenant:	Move in/Closing Date:
Owner Address: (if other)		
HOME PHONE ()	BUSINESS PHONE ()	CELL PHONE ()

RESIDENT(S) INFORMATION:

NUMBER OF RESIDENTS OCCUPYING THE UNIT INCLUDING CHILDREN:

PLEASE LIST NAMES OF EACH PERSON RESIDING IN THE UNIT – (LAST NAME, FIRST NAME)

1. Phone/Cell: E-mail:
2. Phone/Cell: E-mail:
3. Phone/Cell: E-mail:
4. Phone/Cell: E-mail:

KEY INFORMATION:

KEY FOB #:
REMOTE CONTROL: piece(s)

Parking Space Rented: TO/FROM:

VEHICLE INFORMATION:

LICENSE PLATE NO. YEAR COLOUR
MAKE AND MODEL

EMERGENCY CONTACT INFORMATION: (NAME, ADDRESS & PHONE NO.)

IS THERE A DISABLED PERSON WHO REQUIRES ASSISTANCE IN AN EMERGENCY? Yes: No:
(If yes, please fill in the Emergency evacuation form attached)

PETS (number and breed): Cats: Dogs: Other:

DELIVERIES:

I hereby release MTCC 955 and/or agents of any and all responsibility for accepting deliveries of any type on my behalf. I also understand that MTCC 955 and/or its agents reserve the right to dispose of any delivery of a perishable nature (such as food or flowers) after a 24-hour period.

Acceptance Options:

- ☐ Accept everything that comes to my suite, regardless of who the item is addressed to.
- ☐ Accept only items addressed to me, or persons residing in my suite.
- ☐ Accept nothing on my behalf.

Notification options (select as desired):

- ☐ None
- ☐ By phone; please provide the phone number: _____
- ☐ By email; please provide the email address: _____

NAME: _____

UNIT #: _____

SIGNED: _____

DATED AT _____ THIS _____ DAY OF _____

Dear Resident(s),

The Corporation is required by the Fire Code to maintain and update a Building Fire Safety Plan.

The Fire Safety Plan includes a list of all residents who would require evacuation assistance if an emergency occurs. If someone in your unit requires evacuation assistance, please complete this form and return it to the Concierge.

Suite #: _____ Phone: _____ Cell: _____

Name: _____

Nature of health problem:

Name and phone number of someone to call in case of an emergency:

Name: _____

Relationship: _____

Phone: _____ Cell: _____