



## OWNER/RESIDENT REGISTRATION FORM

SUITE NO: \_\_\_\_\_ OCCUPANCY DATE: \_\_\_\_\_

**REGISTERED SUITE OWNER(S):**      75 KING WILLIAM CRES.      73 KING WILLIAM CRES.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

**OWNER'S OFFSITE ADDRESS: (\*\*If applicable)**

Street & Number	Suite No.	City	Province	Postal Code
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**RESIDENT/TENANT INFORMATION:**     **\*\*Owner(s) must provide a copy of the lease Agreement if the Suite is tenanted**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

**A. LOCKER INFORMATION:**     LOCKER NO: \_\_\_\_\_ LEVEL: \_\_\_\_\_

LOCKER NO. \_\_\_\_\_ LEVEL: \_\_\_\_\_

**B. PARKING INFORMATION:**

PARKING SPACE #: \_\_\_\_\_ LEVEL: \_\_\_\_\_ MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC.NO: \_\_\_\_\_

PARKING SPACE #: \_\_\_\_\_ LEVEL: \_\_\_\_\_ MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC.NO: \_\_\_\_\_

SPACE RENTED TO: \_\_\_\_\_ OR SPACE RENTED FROM: \_\_\_\_\_

*(If applicable)*

*(If applicable)*

**C. SUITE ACCESS INFORMATION:**

GARAGE REMOTE NO.: (1) FC# \_\_\_\_\_ TR# \_\_\_\_\_ / (2) FC# \_\_\_\_\_ TR# \_\_\_\_\_

ACCESS FOB NO.: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**D. DO YOU HAVE ANY PETS?** [ ] YES [ ] NO NO. OF PETS (MAX 2): \_\_\_\_\_

*(\*\*If you have pets, a Pet Registration Form must be completed and submitted with this form)*

**E. DO YOU OWN A BICYCLE(S)?** [ ] YES [ ] NO NO. OF BICYCLES: \_\_\_\_\_

BICYCLE DESCRIPTION(S): \_\_\_\_\_

**F. DOES ANYONE IN YOUR SUITE REQUIRE ASSISTANCE IN AN EMERGENCY?** [ ] YES [ ] NO

NAME OF PERSON REQUIRING ASSISTANCE: \_\_\_\_\_

TYPE OF DISABILITY/AILMENT: \_\_\_\_\_

**G. ARE YOU ABSENT / ON VACATION DURING ANY PART OF THE YEAR?** [ ] YES [ ] NO

FORWARDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PHONE NO(S): \_\_\_\_\_ / \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

**H. IN CASE OF EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND OF RESIDENTS)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NO. 'S: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

***All information on this Form will remain strictly confidential. This information is required for Fire Safety, Building Safety and Security purposes only.***

It is the Suite Owner(s) responsibility to provide the Corporation with current Owner and Tenant Information prior to the Elevators being put on service for a move in. If at any time your information changes, please notify Management immediately in writing per the *Condominium Act 1998, section 47.4.*

**Please keep us informed so that we can keep you informed.**