



## RESIDENT INFORMATION FORM

Suite No. : \_\_\_\_\_

Date of Closing/Occupancy \_\_\_\_\_

### Registered Owner Information

First Name	Last Name	Home Phone #	Cell Phone #	Business Phone #	e-mail address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Owner's Power of Attorney/Authorized Person (if any)

First Name	Last Name	Home Phone #	Cell Phone #	Business Phone #	e-mail address
_____	_____	_____	_____	_____	_____

### Owner's Mailing Address

Is the resident a tenant or owner? (Please check) Owner Occupied:  Tenanted:

### Resident(s) Information

First Name	Last Name	Home Phone #	Cell Phone #	Business Phone #	e-mail address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Phone # for Enterphone : \_\_\_\_\_ Last Name and Initial: \_\_\_\_\_, \_\_\_\_\_

Parking Space (Level/No)	Make	Model	Color	Plate #	Rented from / to
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Access Card Fob #: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Remote Control #: \_\_\_\_\_, \_\_\_\_\_ Locker #: \_\_\_\_\_

Do you have pet(s)? (Please check)

Yes	No	Type of Pet	Breed	Name	Color
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

How many: \_\_\_\_\_

### Emergency Contact information:

First Name	Last Name	Home Phone #	Cell Phone #	Business Phone #
_____	_____	_____	_____	_____

In the event of an emergency, are there any disabled residents in your unit who would require assistance to evacuate the building?

Name \_\_\_\_\_ Nature of Disability \_\_\_\_\_

The resident hereby consents to the Corporation's collection and use of the above noted personal information, which the Corporation requires for the safety and security of the residents and the property. The Corporation will not sell, distribute or otherwise provide such personal information to others unless in relation to the stated purpose or a purpose that is in accordance with and consistent with the Condominium Act, 1998.

\_\_\_\_\_  
Signature of the owner/resident

\_\_\_\_\_  
Date