

OWNER(S)/RESIDENT REGISTRATION FORM

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

(PLEASE PRINT CLEARLY):

SUITE NO: _____

DATE: _____

ADDRESS: _____

ENTERPHONE NO: _____

NAME OF REGISTERED UNIT OWNER(S)

SURNAME: _____

FIRST NAME: _____

SURNAME: _____

FIRST NAME: _____

ADDRESS: *(IF DIFFERENT FROM SUITE NO. ABOVE)*

Street & Number Suite No. City Province Postal Code

TELEPHONE NO: (H) (_____) _____

(B) (_____) _____

E MAIL ADDRESS: (H) _____

(B) (_____) _____

CELL PHONE: _____

RESIDENT INFORMATION – Only one Fob per Registered Resident. Fob numbers must be listed; all other fobs will be de-activated.

SURNAME: _____ FIRST NAME: _____ FOB# _____

SURNAME: _____ FIRST NAME: _____ FOB# _____

SURNAME: _____ FIRST NAME: _____ FOB# _____

SURNAME: _____ FIRST NAME: _____ FOB# _____

TELEPHONE (H): (_____) _____ (B): (_____) _____

EMAIL ADDRESS (H): (_____) _____ (B): (_____) _____

CELL PHONE (_____) _____

NAME TO BE LISTED ON ENTRYPHONE: _____

NUMBER OF BEDROOMS: _____

**IMPORTANT NOTE:
THE LEASE AGREEMENT OR FORM 5- UNDER THE CONDOMINIUM ACT MUST BE PROVIDED
TO MANAGEMENT IN ORDER TO BE REGISTERED RESIDENT INTO THE BUILDING.**

LEASE START DATE: _____

A. LOCKER NO: _____ LEVEL: _____

LOCKER NO: _____ LEVEL: _____

B. PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____ LIC.NO: _____

PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____ LIC.NO: _____

C. KEYS IN YOUR POSSESSION:

BICYCLE PARKING: YOU MUST REGISTER YOUR BICYCLE ANNUALLY WITH SECURITY

BUILDING KEY # _____ SUITE KEY # _____ MAILBOX KEY # _____ LOCKER KEY # _____

D. HANDICAP ASSISTANCE REQUIRED: [] YES [] NO

IF "YES" PLEASE LIST SPECIAL REQUIREMENTS: NAME: _____

HANDICAP: _____

E. DO YOU HAVE PETS? IF "YES" Please fill in Pet registration form and submit it to Management Office

F. ARE YOU ABSENT DURING ANY PART OF THE YEAR? [] YES [] NO

IF "YES", HOLIDAY ADDRESS _____

PHONE NO: _____

G. EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____

TEL. NO.: (H) (_____) _____ (B) (_____) _____

NAME: _____ RELATIONSHIP: _____

TEL. NO.: (H) (_____) _____ (B) (_____) _____

WOULD YOU REQUIRE ASSISTANCE IN AN EMERGENCY? _____

TYPE OF DISABILITY: _____

ORIGINAL LOCK YES _____ NO _____

IF NEW LOCK, HAS KEY BEEN GIVEN TO THE OFFICE? *This is mandatory.* YES _____ NO _____

GARAGE REMOTE NUMBERS: _____