



50 Bruyeres Mews, Toronto, ON M5V 0H8
 Tel: 647-345-4000 | Email: LocalPM@rogers.com

OWNER/RESIDENT INFORMATION FORM

Unit/Suite Number:	Parking Unit:	Locker Unit:
--------------------	---------------	--------------

OWNER INFORMATION

1. Owner's Name

First:	Last:
--------	-------

2. Owner's Name

First:	Last:
--------	-------

Address for Service (for off-site owners):

Home Phone:	Cell:
-------------	-------

Option to Receive Condominium Documentation Electronically via email

Yes No Email:

UNIT OCCUPANT INFORMATION (*Owner must provide a copy of the lease Agreement if Unit is tenanted*)

Occupant Name(s):	Occupant Phone Contact (Home &/or Cell):
-------------------	--

1 -	
-----	--

2 -	
-----	--

3 -	
-----	--

ENTERPHONE SYSTEM

1. Name to be Displayed:		
--------------------------	--	--

Phone Number:		
---------------	--	--

2. Name to be Displayed:		
--------------------------	--	--

Phone Number:		
---------------	--	--

PET REGISTRATION (*Must comply with the Rules noted in the Disclosure Statement*)

Do you own any pets?: Yes No

Number of Pets:	
-----------------	--

Type of Animal(s):	Breed(s):
--------------------	-----------

Name(s):	Weight:
----------	---------

VEHICLE REGISTRATION

Vehicle 1:

License Plate:	Make of Vehicle:	Colour:
----------------	------------------	---------

Vehicle 2:

License Plate:	Make of Vehicle:	Colour:
----------------	------------------	---------

EMERGENCY INFORMATION

Are there any individuals residing within the unit that may require assistance during an emergency due to a medical, physical or emotional condition?

Yes No

If 'Yes', please complete the attached "Special Assistance Information Form"

Emergency Contact

Name:	
-------	--

Phone:	Relation:
--------	-----------

In-Suite Alarm Code:	
----------------------	--