

RESIDENT INFORMATION FORM

Building Name: **Suite/Unit #:** **Tower/Block #:**

PLEASE NOTE THAT YOU MUST COMPLETE AND SUBMIT THIS FORM TO PROPERTY MANAGEMENT OR THE CONCIERGE DESK (IF APPLICABLE) PRIOR TO REQUESTING AN ELEVATOR BOOKING TIME FOR YOUR MOVE-IN DATE.

Please fill in the following and return to the Management Office or the Concierge Desk (if applicable) as soon as possible, so that we may complete our occupancy records enabling us to deliver/mail pertinent information concerning your condominium community. Again, all information is respected and treated with the utmost confidentiality. Thank you.

Owner **Tenant** Lease copy attached (required) Lease Term

OWNER(S) INFORMATION

Name of Owner(s):
Last Name First or Given Name

Last Name First or Given Name

Other Residents:

Other Residents:

Tel. No. (Home): () **Tel. No. (Business):** ()

Cell: () **E-mail:**

Off-site Address (if applicable):

TENANT(S) INFORMATION

Name of Principal Tenant(s):
Last Name First or Given Name

Last Name First or Given Name

Other Residents:

Other Residents:

Tel. No. (Home): () **Tel. No. (Business):** ()

Cell: () **E-mail:**

VEHICLE INFORMATION

Parking Space No.: **License Plate #:**

Make & Model of Vehicle: **Colour of Vehicle:**

Parking Space No.: **License Plate #:**

Make & Model of Vehicle: **Colour of Vehicle:**

Locker No.: **Locker No.:**

HANDICAPPED OR REQUIRING ASSISTANCE INFORMATION FORM

If someone in your suite is handicapped, please advise management so that we can give the information to the fire department in the event of an emergency.

Name: Relationship:

EMERGENCY CONTACT (FAMILY/CLOSE FRIEND)

Name: Relationship:

Tel. No. (Home): () Tel. No. (Business): ()

SUMMARY OF INSURANCE

Insurance/Copy attached

Insurance is required by owner and tenant.

If your unit is rented, please ensure your tenant also provides the information noted above.

Insurance Company:

Insurance Broker:

Policy Number:

Effective Date of Policy: Expiry Date of Policy:

PET REGISTRATION FORM

Name of Pet: Breed: Size and Weight:

Colour(s): Age: License No.:

Vet Name: Vet Phone No.: ()

ENTRY DEVICES

Remote Control #: Fob #:

Remote Control #: Fob #:

ENTERPHONE (IF APPLICABLE)

I acknowledge that I am responsible for any visitors permitted entry via the enterphone system.

Resident Initial(s): Owner Tenant Initial S/O:

Name to be listed on the directory board:

Move in Date: Directory Code No.:

SIGNATURE

Owner Tenant

Signature: Signature: Date:

Mailbox Key Received: Yes No