

## **RESIDENT INFORMATION FORM**

Building Name:				Suite/Unit #:	Tower/B	lock #:			
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.									
so that we may	complete	e our occ	upancy records er	nabling us to deliv	ncierge Desk (if applicab) er/mail pertinent inform d with the utmost confio	ation concerning your			
Owner Te	enant		Lease copy attached (required)		Lease Term				
OWNER(S) IN	FORMA	TION							
Name of Owner(s):									
		Last Name			First or Given Name				
			Last Name		First or Giv	ven Name			
Other Residents:									
Other Reside	nts:								
Tel. No. (Hom	e):	( )		Tel. No. (B	usiness): ( )				
Cell:		( )		E-mail:					
Off-site Addre (if applicable)									
TENANT(S) IN	IFORM/	TION							
Name of Principal Tenant(s):									
		Last Name			First or Given Name				
			Last Name		First or Giv	von Nama			
Other Decide	ato		Last Name		First of Giv	ven name			
Other Resider									
Other Reside									
Tel. No. (Hom		( )			usiness): ( )				
Cell:		( )		E-mail:					
VEHICLE INFO	ORMAT	ION							
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:	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):	Own	er Tena	nt 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										