

RESIDENT INFORMATION FORM

As per the Condominium Act 1998, each owner / resident has a legal obligation to complete the information as set out below and return to the management office within 5 business days.
Thank you for your co-operation in this matter.

(PLEASE PRINT CLEARLY)

SUITE NO: _____ **131 TORRESDALE AVENUE, NORTH YORK, ON M2R 3T1**

SUITE OWNER (S) INFORMATION (Print Clearly)

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Street _____ Suite No. _____ City _____ Province _____ Postal Code _____

TELEPHONE NO: (Home) () _____ (Work) () _____

EMAIL ADDRESS _____ (Cell) () _____

RESIDENT INFORMATION **All occupants to be listed below, including children **

SURNAME: _____ FIRST NAME: _____

EMAIL ADDRESS _____ (Cell) _____

SURNAME: _____ FIRST NAME: _____

EMAIL ADDRESS _____ (Cell) _____

SURNAME: _____ FIRST NAME: _____

EMAIL ADDRESS _____ (Cell) _____

SURNAME: _____ FIRST NAME: _____

EMAIL ADDRESS _____ (Cell) _____

SURNAME: _____ FIRST NAME: _____

EMAIL ADDRESS _____ (Cell) _____

SURNAME: _____ FIRST NAME: _____

EMAIL ADDRESS _____ (Cell) _____

SUITE LEASED?: [] Yes [] No

COPY OF LEASE PROVIDED?: [] Yes [] No

PHOTO COPY OF ALL VEHICLE REGISTRATION PROVIDED TO THE OFFICE? [] Yes [] No

RESIDENT INFORMATION FORM

Owners Parking Spot #	Make	Model	Colour	License Plate #

Garage Fob #	
Garage Fob #	

If Renting Parking from another Unit: From Which Unit # _____

Parking Spot #	Make	Model	Colour	License Plate #

C. ACCESS DEVICES IN YOUR POSSESSION (or with child or caregiver): Blue Fob 5 digit number

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. WOULD YOU REQUIRE ASSISTANCE IN AN EMERGENCY? [] YES [] NO

IF "YES" PLEASE LIST HANDICAP: _____

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

Street Suite No. City Province / State Postal / zip

TELEPHONE NO: (Home) () (Cell) ()

EMAIL ADDRESS _____

G. EMERGENCY CONTACT: (FAMILY / CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO: _____ TELEPHONE NO: _____

DATE: _____ SIGNATURE _____