YORK REGION CONDOMINIUM CORPORATION NO. 616

33 Weldrick Road East, Richmond Hill, ON L4C 8W4

RESIDENT INFORMATION REGISTER: DATE: _____ SUITE: _____

THE CORPORATION IS REQUIRED TO MAINTAIN ACCURATE OCCUPANCY RECORDS FOR ALL SUITES. THIS FORM MUST BE COMPLETED AND RETURNED TO THE MANAGEMENT OFFICE AND **MUST BE UPDATED AS INFORMATION CHANGES**.

SUITE RESIDENT(S) INFORMATION: OWNER ☐ TENANT ☐ ENTERPHONE#_____

PRINT CLEARLY	RESIDENT 1	RESIDENT 2	RESIDENT 3
FIRST NAME			
LAST NAME			
HOME PHONE			
WORK PHONE			
CELL PHONE			
E-MAIL			

NAME AS IT IS TO BE LISTED ON ENTERPHONE DIRECTORY:

_____

LAST NAME, FIRST NAME or INITIALS - *PRINT CLEARLY (maximum of 20 characters, including spaces)*

Use reverse side for additional residents or if additional space is required

If you are a Tenant please provide the Owner's name, address and telephone number:

_____

Name Street Suite No. City Province Postal Code

_____

Home Telephone Business Phone Cell Phone

PET DISCLOSURE – ***Dogs are NOT allowed (see Rules & Regulations)***

Type	Name	Colour

PARKING *VEHICLES PARKED IN P1 & P2 MUST DISPLAY A YRCC DECAL IN THE LOWER CORNER OF THE FRONT/REAR WINDOW*

SPACE	Owned	Rented from	VEHICLE MAKE	COLOUR	LICENSE PLATE	DECAL

THIS INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL

Please complete reverse side

YRCC 616 RESIDENT INFORMATION REGISTER, continued: SUITE: _____

SUITE RESIDENT(S) INFORMATION: *(continued from front if required)*

PRINT CLEARLY	RESIDENT 4	RESIDENT 5	RESIDENT 6
FIRST NAME			
LAST NAME			
HOME PHONE			
WORK PHONE			
CELL PHONE			
E-MAIL			

LOCKERS

LOCKER NO	Owned	Rented from

DO YOU REQUIRE ASSISTANCE IN AN EMERGENCY? YES ☐ NO ☐

IF "YES" please list:

NAME	ASSISTANCE REQUIRED

This information will be added to the "Fire Plan" which is available to the Fire Department

EMERGENCY CONTACTS

NAME	TELEPHONE NO.

THIS INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL