



# UNIT OWNER INFORMATION SHEET

York Region Standard Condominium Corporation No.1400

PLEASE COMPLETE THIS FORM AND RETURN IT TO PERCEL INC. IN ORDER TO UPDATE OUR FILE

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OWNER'S  
NAME \_\_\_\_\_

Unit # / Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax # if available: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parking Spot # \_\_\_\_\_ Licence Plate \_\_\_\_\_ Make/Model \_\_\_\_\_ Colour \_\_\_\_\_ Year \_\_\_\_\_

Parking Spot # \_\_\_\_\_ Licence Plate \_\_\_\_\_ Make/Model \_\_\_\_\_ Colour \_\_\_\_\_ Year \_\_\_\_\_

Owner's Address (OFF SITE OWNER) \_\_\_\_\_  
If Different from Above

Email address \_\_\_\_\_

Pet / Type: \_\_\_\_\_

Emergency Contact: (name / phone) \_\_\_\_\_

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## **IF UNIT IS RENTED:**

Tenant's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax # if available: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parking Spot # \_\_\_\_\_ Licence Plate \_\_\_\_\_ Make/Model \_\_\_\_\_ Colour \_\_\_\_\_ Year \_\_\_\_\_

Parking Spot # \_\_\_\_\_ Licence Plate \_\_\_\_\_ Make/Model \_\_\_\_\_ Colour \_\_\_\_\_ Year \_\_\_\_\_

Email address \_\_\_\_\_

Pet / Type: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address: \_\_\_\_\_

 Please return to: [receptionperc@percel.com](mailto:receptionperc@percel.com) or

Percel Inc.  
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