Toronto Standard Condominium Corporation No. 2322

OWNER/RESIDENT REGISTER FORM

SUITE INFORMATION:

Suite #:	Unit Address/Building:		
Parking Unit #: Level:	Parking Unit #: Level:	Parking Unit #: Level:	Bicycle Storage Unit #: Level/Room:
Locker Unit #: Level/Room:	Locker Unit #: Level/Room:	Locker Unit #: Level/Room:	Bicycle Storage Unit #: Level/Room:

REGISTERED OWNER INFORMATION (ON TITLE): ☐ *OWNER OCCUPIED* ☐ *TENANT OCCUPIED*

Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
If not occupying the unit, off-site address:		
Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
If not occupying the unit, off-site address:		
Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
If not occupying the unit, off-site address:		

NOTE: ONLY THOSE INDIVIDUALS WHO ARE REGISTERED ON TITLE OF THE PROPERTY CAN BE LISTED AS A REGISTERED OWNER

RESIDENT/OCCUPANT INFORMATION (NON-REGISTERED OWNERS):

Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
Type of Resident/Occupant (select from list):	**T = Tenant, S = Spouse, C = Child, P = Parent, F = Family Member, X = Other**	
Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
Type of Resident/Occupant (select from list):	**T = Tenant, S = Spouse, C = Child, P = Parent, F = Family Member, X = Other**	
Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
Type of Resident/Occupant (select from list):	**T = Tenant, S = Spouse, C = Child, P = Parent, F = Family Member, X = Other**	
Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
Type of Resident/Occupant (select from list):	**T = Tenant, S = Spouse, C = Child, P = Parent, F = Family Member, X = Other**	

NOTE: IF THE UNIT IS BEING LEASED A "SUMMARY OF LEASE OR RENEWAL - FORM 5" IS REQUIRED, AS PER THE CONDOMINIUM ACT

ICC Property Management Ltd.
2875 14th Avenue, Suite 300, Markham, Ontario, L3R 5H8
Tel: 905-940-1234 Fax: 905-940-3881

EMERGENCY CONTACT INFORMATION:

Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
Relationship:		
Last Name:	First Name:	Email:
Cell #:	Home #:	Business #:
Relationship:		

PERSONS REQUIRING EMERGENCY ASSISTANCE:

Last Name:	First Name:	Best Contact #:
Reason(s) for requiring assistance during an emergency:		
Last Name:	First Name:	Best Contact #:
Reason(s) for requiring assistance during an emergency:		

VEHICLE INFORMATION:

Year:	Make:	Model:	Colour:	Plate #:
Year:	Make:	Model:	Colour:	Plate #:
Year:	Make:	Model:	Colour:	Plate #:

ENTERPHONE, FOBS, CARDS & REMOTES INFORMATION:

Enterphone #:	Door FOB #:	Door FOB #:	Door FOB #:
	Garage FOB #:	Garage FOB #:	Garage FOB #:

PET INFORMATION:

Name:	Tag/Licence:	Colour:	Dog, Cat, Bird, Other:	Breed:
Name:	Tag/Licence:	Colour:	Dog, Cat, Bird, Other:	Breed:

IF UNIT IS MANAGED BY A THIRD PARTY:

Managed By:	Email:
Copy of Lease/Summary of Lease or Renewal - Form 5 Provided: ☐ YES ☐ NO	Phone #:

NAME:	**SIGNATURE:**	**DATE:**
NAME:	**SIGNATURE:**	**DATE:**

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