



OWNER(S) REGISTRATION FORM

It is important that management is always updated with your information for correspondence and emergency purposes. Please take the time to fill in this registration form and return to the Management Office.

SUITE INFORMATION

Date: _____ Corporation No.: _____

Property Address: [75] [85] [95] _____

Parking(s): _____ Locker(s): _____

Fob #: _____ Fob #: _____

Residency Status: ☐ Owner Occupied ☐ Rental Suite ☐ Other _____ (i.e. family member)

Rental

Tenant Name(s): _____

Lease Start Date: _____ Lease End Date: _____

OWNER INFORMATION

Name(s) of registered unit owners

Name: _____ Residing in Suite: ☐ Yes ☐ No
(Primary owner)

Address for service: _____
(If different from above property address)

Primary Phone No.: _____ Secondary Phone No.: _____

Email Address: _____

Additional Owners

Name: _____ Residing in Suite: ☐ Yes ☐ No

Name: _____ Residing in Suite: ☐ Yes ☐ No

Name: _____ Residing in Suite: ☐ Yes ☐ No

Additional Contact: _____ Phone No.: _____

Email Address: _____ Relationship: _____

Additional Notes: _____

Print Name

Owner's Signature

RESIDENT INFORMATION

1. Name: _____ Home Phone No.: _____
Cell/Work: _____ Email: _____
2. Name: _____ ☐ Child
Cell/Work: _____ Email: _____
3. Name: _____ ☐ Child
Cell/Work: _____ Email: _____
4. Name: _____ ☐ Child
Cell/Work: _____ Email: _____
5. Name: _____ ☐ Child
Cell/Work: _____ Email: _____

INTERCOM DIRECTORY

Display Name: _____ Phone No.: _____

VEHICLE INFORMATION

Parking No & Level.: _____ Make/Color/Licence No. _____

Parking No & Level.: _____ Make/Color/Licence No. _____

Parking No & Level.: _____ Make/Color/Licence No. _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home No: _____ Work No: _____ Cell No.: _____

Name: _____ Relationship: _____

Home No: _____ Work No: _____ Cell No.: _____

Print Name

Resident's Signature