

## OWNER/RESIDENT INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out its objects and duties in managing the assets on behalf of the owners and shall be used for that purpose only.

**Building Address:** \_\_\_\_\_

**Unit/Suite Number:** \_\_\_\_\_

**Owner's Name:** (1) \_\_\_\_\_ ; (2) \_\_\_\_\_  
First Name Last Name First Name Last Name

**Name to be listed on any directories:** \_\_\_\_\_

**Number of Adult(s):** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

**Tel Numbers:** Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Occupant's Names:** \_\_\_\_\_

**Telephone Number (If different than Unit Owner's):** Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_

**Vehicle Make/Year/Colour Licence Plate Number Parking Spot No. & Level**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**In-Suite Alarm:** Yes \_\_\_ No \_\_\_ Service Contract \_\_\_\_\_

**Locker No.:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Locker No.:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Bicycle Information (Make/Colour):** \_\_\_\_\_

**Access Card/Key/Fobs Number(s):** \_\_\_\_\_

**Garage Remote Control Number(s):** \_\_\_\_\_

**Do you have pets?** Yes \_\_\_ No \_\_\_ If Yes, Type and Description: \_\_\_\_\_

**Would you require assistance in an emergency?** Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

**In Case of an Emergency, Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No.:( ) \_\_\_\_\_

*If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form '5' (Requirement of the Condominium Act).*

**Owners/Residents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete and return this form to Strategic Property Management and fax to: 905-337-0801, email to: [nfader@strategicpm.ca](mailto:nfader@strategicpm.ca) or mail to Strategic Property Management, 1097 North Service Road East, Suite 200, Oakville, ON, L6H 1A6