

OWNER/RESIDENT INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out the objects and duties of Toronto Standard Condominium Corporation No. 2058 and shall be used for that purpose only. Please fill out and submit this form to Shelter Canadian Properties via fax at 416-927-1745 or by mail to TSCC 2058 c/o Shelter Canadian Properties Ltd. 33 Charles St. E., Toronto ON, M4Y0A2, or to the Management Office directly.

DATE: _____

SUITE NUMBER: _____

OWNER'S NAME(S)

FIRST NAME	SURNAME	HOME PHONE	WORK or MOBILE PHONE
		()	()
		()	()
		()	()

Address (if different from above): _____

OCCUPANT'S NAME(S)

FIRST NAME	SURNAME	HOME PHONE	WORK or MOBILE PHONE
		()	()
		()	()
		()	()

If you have leased your unit, please ensure that a summary of lease or a copy of the lease is provided to the Corporation (via the Property Manager) as per the requirements of the *Condominium Act, 1998* and the Declaration. Also please be sure to provide your tenant with the Corporation's Declaration and Rules.

VEHICLE INFORMATION

MAKE	MODEL AND YEAR	COLOUR	LICENCE PLATE NO.	PARKING SPACE NO.

LOCKER NUMBER(S): _____

ACCESS CARD/FOB/KEY NUMBERS: _____

EMERGENCY CONTACT PERSON(S)

FULL NAME	ADDRESS	PHONE NUMBER(S)
		()
		()

Would you require Assistance in an emergency situation? YES ☐ NO ☐

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

FULL NAME	CONDITION/ASSISTANCE REQUIRED

Email Address: _____

Do you have a Pet? YES ☐ NO ☐ If yes, please specify type, colour, breed: _____

Date Received: _____