



High Park Condominiums

RESIDENT INFORMATION SHEET

In order to keep accurate records of occupancy please complete the form and return it to the concierge desk as soon as possible. All information is collected in accordance with requirements as per the Condominium Act and is strictly confidential. Thank you for your cooperation.

Unit owner	
Address of Unit	
Off site Address	
Off site Address 2	
Owner name	First name: Surname:
2 nd Owner name	First name: Surname:
Email address	
Email address 2	
Telephone #	
Telephone # 2	
Locker's #	
Parking Spots #	
Owners Signature & Date	x _____ Date _____

Resident	
Address of Unit	
Resident 1	First name: Surname:
Resident 2	First name: Surname:
Resident 3	First name: Surname:
Resident 4	First name: Surname:
Email address	
Email address 2	
Telephone # 1	Name: Telephone #:
Telephone # 2	Name: Telephone #:
Telephone # 3	Name: Telephone #:
Emergency Contact	Name: Telephone #: Relationship:
Locker's #	Level: Locker Number :
Parking Spots #	Level: Spot Number :
Resident Signature & Date	x _____ Date _____



RESIDENT INFORMATION SHEET

Profile			
Pets	Type/	Color/	Name/ Size/
Pet 2	Type/	Color/	Name/ Size/
Pet 3	Type/	Color/	Name/ Size/
Vehicle	Plate #:	Make :	Model:
Vehicle 2	Plate #:	Make :	Model:
Bike Spot	Spot 1	Spot 2	Spot 3
Disabilities	Name:	Type:	
Disabilities	Name:	Type:	
Resident Signature & Date	x _____ Date _____		

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