 

**One Park Place North**

**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: |
| 2nd 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 

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|  |  |
| --- | --- |
| 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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| NOTES |  |
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