



TORONTO STANDARD CONDOMINIUM CORPORATION 2439

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 | |
| Off site Address | |
| Resident 1 | First name: _____ Surname: _____ |
| Resident 2 | First name: _____ Surname: _____ |
| Resident 3 | First name: _____ Surname: _____ |
| Email address | |
| Email address 2 | |
| Telephone # 1 | Name: _____ Telephone #: _____ |
| Telephone # 2 | 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 _____ | | | |

| NOTES | |
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