



Welcome to "Pure Spirit Lofts & Condos" in the
Historic Distillery District.

PURE SPIRIT

33 Mill Street, Toronto, Ontario M5A 3R3

OWNER/ OCCUPANT REGISTER

The completion of this form is requested by the Management Company to record the Owners/Occupants of the building. This information assists Management and the Board of Directors to know occupants; the responsible parties; and, whom to contact for emergencies and notices. If the information changes in the future, please advise Management accordingly so that we can update our records.

OWNER'S INFORMATION

SUITE NO. _____

Name of Registered Owner(s):

Address (if different from building address)

No. & Street Name: _____

City, Province: _____ Postal Code: _____

Telephone: Business: (____) _____ Home: (____) _____

Fax: (____) _____ E-mail: _____

OCCUPANT'S INFORMATION

Name of Occupant(s):

Telephone: (Bus): (____) _____ Home: (____) _____

Fax: (____) _____ E-mail: _____

EMERGENCY

Does an Occupant require assistance in an emergency?

☐ YES ☐ NO

Name of person (s) requiring assistance:

Any other important information we should know in an emergency with regards to any special requirements or disabilities:

Emergency Contact

Relationship

Telephone No.

_____ (____) _____

_____ (____) _____

Parking information (if applicable)

SPACE #	LICENCE PLATE #	MODEL	COLOR	YEAR

If parking is rented to another resident, specify suite # _____

Locker No. _____

If locker is rented to another resident, specify suite # _____

NAME TO BE LISTED ON ENTERPHONE: _____

(Surname, Initial – max 14 letters)

PETS: ☐ YES ☐ NO

If yes, please state type of pet and weight _____

FOBS/TRANSPONDERS:

FOB #	GARAGE REMOTE CONTROL #

Date this _____ day of _____, 20 _____

The information above is provided in confidence, is to be used for TSCC 2012 use, and records only.