

OWNER/RESIDENT INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only. Please state **NOT APPLICABLE** where necessary.

BUILDING NAME/ CORPO	RATION NU	JMBER:													
BUILDING ADDRESS:															
Unit/Suite Number:					Parking Level & Number:				Locker Number:						
OWNER INFORMATION															
1. Owner's Name:															
				First	First Name Last Name										
2. Owner's Name:															
	First	First Name						Last Name							
Address (if different from															
Home Phone:						Business Phone:				Cell:					
Email Address:						•									
ENTER-PHONE SYSTEM															
1. Enter-phone Name: (16	characters	max)													
Enter-phone Number:															
2. Enter-phone Name: (16	characters	max)													
Enter-phone Number:															
OCCUPANT / TENANT INFORMATION															
Occupant Names:	1.							Pho	ne:						
	2.							Pho	ne:						
	3.							Pho	ne:						
VEHICLE / BICYCLE / PET INFORMATION															
1. Vehicle Make:				Plate	:			Year	r:				Colo	ur:	
2. Vehicle Make:				Plate	Plate:			Year:			Col			ur:	
Bicycle Make:										Colour:					
Bicycle Rack Number:		_													
Pets:	YES _		NO	NO Type/Description				1 :							
ALARM INFORMATION															
In-Suite Alarm:	YES	<u> </u>		NO			Service Provider								
Access Card/Fob:			S	uite Key	е Кеу:						Garage Remote Number:				
EMERGENCY INFORMAT	ION														
Do you require assistance		YES					NO L								
Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.															
Name:		Assistance Required:													
Name:			Assistance Required:												
In case of Emergency Contact: Name:										Relationship:					
		С						Cell:							
If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal attached. (Requirement of the Condominium Act).															
5															
Dated this:		day c)†			,							_		
l,							,	certify	that a	all the	informa	ation a	above	e is c	orrect.
		Prin	t Name												



PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

Please Complete and Return this Form to Property Management as soon as possible.

Name:				Telephone:						
Address:										
Unit/Suite Number:										
As required in the condominium corporation's <u>Fire Safety Plan</u> and as per the Ontario Fire Code Section 2.8 subsection 2.8.2.1, in order to ensure the safety of all residents during any emergency in the Building or at this Site, we ask for your co-operation.										
If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, this includes temporary or permanent disabilities, please fill in the information on this form below.										
All information received is kept in strict confidence and used only by authorized persons in case of an emergency.										
Brief description (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). Please type below.										
Date:										
EMERGENCY INFORMATION										
In case of Emergency Contact:		Name:	Relatio	Relationship:						
		Home:		Cell:						



Condominium Act, 1998 - O. Reg. 49.01 SUMMARY OF LEASE OR RENEWAL (Clause 83 (1) (b) of the Condominium Act, 1998)

BUILDING NAME/ CORPORATION NUMBER:														
BUILDING ADDRESS:														
UNIT/SUITE NUMBER:														
LEASE/	SUBLEA	ASE / RENEWAL												
This is to	notify yo	ou that an original	lease, sublease	or lea	ase r	enewal (select	one)							
Original Lease: Su					ease	:				Renewal:				
Entered into for the following:														
Dwelling		Unit(s):							Level:					
Parking		Unit(s):							Level:					
Locker		Unit(s):							Level:					
TERMS														
					1.									
Name of individual Lessee(s) or Sub lessee(s)				2.										
					3.									
Telephor	ne:								Cell:					
Email:														
COMMEN	NCEMEN	NT DATE (MMM / D	DD / YYYY):											
		IMM / DD / YYYY):												
RENTAL	PAYME	NT AMOUNT (MM	M / DD / YYYY):	: \$	\$ DUE DATE (MMM / DD / YYYY):									
Other Information:														
1.) have provide of the Condom				ated lessee((s)/sub le	sse	e(s) with	a copy of	the decla	ration, b	y-law	s and
2.	I (We) acknowledge that, as required by subsection 83 (2) of the Condominium Act, 1998, I (We) will advise you in writing if the above-designated lease/sublease/assignment of lease is terminated.												e you	
3.	. I (We) hereby certify that all information given above is correct.													
	Dated	I this:	day of			,								
	Print Na	ame of Owner												
	Print Na	ame of Owner												
	(In the	case of a corpora	ation, affix cor	porate	e sea	al or add a sta	tement tha	at the	persons s	signing have	the author	ity to bind	the	
	Add	ress:												
	Telep	hone:												