



OWNER INFORMATION FORM

****IT IS THE OWNER'S RESPONSIBILITY TO PROVIDE THE CORPORATION ALL OWNER/TENANT INFORMATION PRIOR TO THE ACCESS FOB'S & GARAGE REMOTES BEING ACTIVATED and/or THE ELEVATOR BOOKING/ BEING PLACED IN SERVICE.**

SUITE NO: _____ **ONSITE** or **OFFSITE OWNER(S)**
 TENANT

First Name: _____ Last name: _____
Numbers: (H): _____ (B): _____ (C): _____
Email: _____

First Name: _____ Last name: _____
Numbers: (H): _____ (B): _____ (C): _____
Email: _____

NAMES/AGES OF ALL CHILDREN RESIDING IN PREMISES: _____

REGISTERED OWNER'S OFFSITE ADDRESS OF SERVICE:

GARAGE REMOTE NO.: _____ **ACCESS FOB:** (1) _____ (2) _____

LOCKER: RM NO: _____ **LEVEL:** _____ **LOCKER NO:** _____

PARKING: LEVEL: _____ **STALL NO:** _____

Vehicle Make: _____ Colour: _____ Lic. No. _____ Parking Spot: _____
Vehicle Make: _____ Colour: _____ Lic. No. _____ Parking Spot: _____

PET INFORMATION: **DOG** **CAT** **OTHER:** _____

Corporation has the right to require proof of weight

Breed: _____ Weight: _____
Breed: _____ Weight: _____

Does anyone in your unit require handicap assistance now or in an emergency? Yes or No

If yes please specify: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Number: _____

I AGREE TO RECEIVE ALL NOTICES FROM THE CORPORATION BY ELECTRONIC MAIL OR OTHER METHOD OF ELECTRONIC COMMUNICATIONS. AS AN OWNER I FURTHER CONSENT AND AGREE TO RECEIVE THE ANNUAL GENERAL MEETING PACKAGE AND BUDGET PACKAGES BY ELECTRONIC MAIL OR OTHER METHOD OF ELECTRONIC COMMUNICATION:

YES **NO** **PLEASE INITIAL:** _____

REGISTERED OWNERS Signature: _____

REGISTERED OWNERS Signature: _____ **Date:** _____