Condo Ownership & Residence Information

The information will be kept confidential and governed by PIPA. Please, return the completed form to Converge Condo Management Inc.

CONDO ADDRESS & DETAILS:

SITE NAME: Park Place Meadows, CONDO CORP # 062 1415

CONDO UNIT #, ADDRESS

CITY, PROVINCE, POSTAL CODE

REASONS FOR PROVIDING THIS FORM:

- ☐ **NEW OWNER(S) INFORMATION** – Confirmed Possession Date (Month Day, Year)
- ☐ **UPDATE EXISTING OWNER(S) INFORMATION**
- ☐ **UPDATE/ PROVIDE RENTER(S) INFORMATION** – Move-In Date (Month Day, Year)
- ☐ **ENTER/ UPDATE INTERCOM/ BUZZER NUMBER -** (Enter Preferred Intercom Phone Number)

OWNER(s) INFORMATION:

OWNER 1 FIRST NAME, LAST NAME

EMAIL 1:, PHONE 1:

OWNER 2 FIRST NAME, LAST NAME

EMAIL 2:, PHONE 2:

OWNER 3 FIRST NAME, LAST NAME

EMAIL 3:, PHONE 3:

CONVERGE CONDO MANAGEMENT 11810 Kingsway NW, Edmonton, AB, T5G 0X5
Office 587-462-6762 www.ConvergeCondo.com info@convergecondo.com

OWNER(S) RESIDENCE/ MAILING ADDRESS:
If the **residence or mailing** address is **different** from the owned condo address, please complete the following:

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

OWNER(s) EMERGENCY INFORMATION:

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

EMERGENCY PHONE _____, EMAIL _____

AGENT INFORMATION:
If you have an **agent or agency**, please complete the following:

AGENCY/ COMPANY NAME _____

AGENCY ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

AGENT NAME (If applicable) _____

AGENT PHONE _____, AGENT EMAIL _____

OCCUPANCY/ RENTER(S) INFORMATION:
If your **suite is rented**, please complete this section:

IS THIS UNIT RENTED? _____
(Yes/ No)

RESIDENT 1 FIRST NAME _____, LAST NAME _____

EMAIL 1: _____, PHONE 1: _____

RESIDENT 2 FIRST NAME _____, LAST NAME _____

EMAIL 2: _____, PHONE 2: _____

RESIDENT 3 FIRST NAME _____, LAST NAME _____

EMAIL 3: _____, PHONE 3: _____

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VEHICLE INFORMATION

CAR #1 THIS CAR BELONGS TO THE _____
(OWNER/ RENTER)

PARKING STALL # _____, LICENSE PLATE # _____

MAKE _____ MODEL _____ COLOR _____

CAR #2 THIS CAR BELONGS TO THE _____
(OWNER/ RENTER)

PARKING STALL # _____, LICENSE PLATE # _____

MAKE _____ MODEL _____ COLOR _____

SIGNATURE - OWNER ONLY:

NAME _____, DATE _____, SIGNATURE _____
(Month Day, Year)

Submit the completed form to:

Email:
info@convergecondo.com

By Mail or In Person at:
Converge Condo Management Inc.
11810 Kingsway NW,
Edmonton, AB, T5G 0X5