



[reedcondomanagement.ca](http://reedcondomanagement.ca)

## Owner / Resident Information Form

The following information is required by the Corporation as per section 46 of the Condominium Act 1998 as amended.

*This form needs to be completed within 30 days of a change to any of the information below.*

**Address & Unit:** \_\_\_\_\_

Owner's Name: 1.) \_\_\_\_\_  
First Name & Last Name Email  
2.) \_\_\_\_\_  
First Name & Last Name Email

Address (if offsite owner): \_\_\_\_\_

Tel. Numbers: Res: \_\_\_\_\_ Cell: \_\_\_\_\_

Mortgage Company Name: \_\_\_\_\_

Mortgage Company Address: \_\_\_\_\_

Occupant's Name / Phone #: 1.) \_\_\_\_\_  
Occupant's Name / Phone #: 2.) \_\_\_\_\_  
Occupant's Name / Phone #: 3.) \_\_\_\_\_  
Occupant's Name / Phone #: 4.) \_\_\_\_\_

Vehicle Make / Year / Colour: 1.) \_\_\_\_\_ License Plate #: \_\_\_\_\_  
Vehicle Make / Year / Colour: 2.) \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Would you or a resident of your unit require assistance in an emergency? Y N (circle one)**

**Please provide the names for residents of your unit who require assistance in an emergency evacuation situation.**

Name: \_\_\_\_\_ Condition/Assistance Required: \_\_\_\_\_

Name: \_\_\_\_\_ Condition/Assistance Required: \_\_\_\_\_

Do you have pets? Y N (circle one) If yes, type & description

In case of an emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_