



## RESIDENT INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out the objectives and duties of the Corporation and managing the assets on behalf of the owners and shall be used for those purposes only.

BUILDING ADDRESS: 2855 Bloor Street West, Toronto, ON, M8X 3A1 Unit/Suite Number \_\_\_\_\_

Parking Level & Numbers: \_\_\_\_\_

Locker Level & Numbers: \_\_\_\_\_

### Particulars of Ownership

Name of Owner (s): (print) First \_\_\_\_\_ Last \_\_\_\_\_

Name of Owner (s): (print) First \_\_\_\_\_ Last \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Particulars of Residents who are not Owners (family members, tenants and other occupants)

Residents Names:

1. First \_\_\_\_\_ Last \_\_\_\_\_ 2. First \_\_\_\_\_ Last \_\_\_\_\_

3. First \_\_\_\_\_ Last \_\_\_\_\_ 4. First \_\_\_\_\_ Last \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

(If different than Unit Owners)

Do you or any resident require assistance in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, complete and attach SPECIAL ASSISTANCE INFORMATION FORM

Emergency Contact: Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

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Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Motorcycle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Bicycle Make: \_\_\_\_\_ Colour: \_\_\_\_\_ Rack Number: \_\_\_\_\_

Bicycle Make: \_\_\_\_\_ Colour: \_\_\_\_\_ Rack Number: \_\_\_\_\_

Do you have pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Type & Description: \_\_\_\_\_

If UNIT (suite, parking stall and/or locker) has been leased/rented, provide a copy of the TENANCY AGREEMENT or complete and attach the SUMMARY OF LEASE AND RENEWAL - FORM 5.

Name of Owner (s): (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_

Name of Owner (s): (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_