

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 Stre	et West, Toronto, ON, M	8X 3A I	Unit/Suite Number
Parking Level & Numbers	S:			
Locker Level & Numbers	:			
Particulars of Ownership				
Name of Owner (s): (print	t) First		Last	
Address: (if different than	above)_			
Telephone Number: ()		Cell Number: ()	E-mail:
Particulars of Residents w	ho are no	t Owners (family membe	ers, tenants an	d 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 re If Yes, complete and atta	quire assis			No
(If different than Unit Owners) Do you or any resident re If Yes, complete and atto	quire assis ach SPECIA	AL ASSISTANCE INFORMA	TION FORM	
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