

# *A.A. Property Management & Associates Inc.*

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## **Owner/Resident Information Form Y.C.C. 217**

The information on this form is requested in accordance with the Condominium Act of Ontario and will be held in strict confidence and will not be shared with any other authority.

**Date:** \_\_\_\_\_ **Unit No.:** \_\_\_\_\_ ☐ Owner or ☐ Tenant

### **Owner/Resident (s)**

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

Owners Address: (If not resident owner) \_\_\_\_\_

**Telephone #**    **Home No.:**    (    )    **Business:**    (    )

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

**Telephone #**    **Home No.:**    (    )    **Business:**    (    )

E-mail: \_\_\_\_\_

### **Other Residents (include children):**

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

### **Resident(s) who require special assistance in emergency:**

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

**Telephone #**    **Home No.:**    (    )    **Business:**    (    )

### **Emergency Contact Person (other than Resident):**

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

**Telephone #**    **Home No.:**    (    )    **Business:**    (    )

**Pets:**    ☐ Cat    Breed \_\_\_\_\_ **Other:** \_\_\_\_\_

### **Car (s) :**

Make / Model / Year \_\_\_\_\_

Color \_\_\_\_\_ Parking Space # \_\_\_\_\_ License Plate # \_\_\_\_\_

Make / Model / Year \_\_\_\_\_

Color \_\_\_\_\_ Parking Space # \_\_\_\_\_ License Plate # \_\_\_\_\_

Make / Model / Year \_\_\_\_\_

Color \_\_\_\_\_ Parking Space # \_\_\_\_\_ License Plate # \_\_\_\_\_

Locker No: \_\_\_\_\_