

OWNER REGISTRATION FORM

PLEASE COMPLETE AND RETURN FOR OUR FILES

Date: _____ Condominium Corporation #: _____

Condo Address and Unit #: _____

Name of Owner(s): _____

Telephone #: Home _____ Cell: _____

Business: _____ Fax: _____

E-Mail Address: _____

Mailing Address if Absentee Owner: _____

In the event of an Emergency, please contact:

Name Relationship Phone Number

Name Relationship Phone Number

TENANT INFORMATION

Name of Tenant (s): _____

Telephone #: Home _____ Cell: _____

Business: _____

E-Mail Address: _____

In the event of an Emergency, please contact:

Name Relationship Phone Number

Name Relationship Phone Number

PARKING INFORMATION

| | OWNER | TENANT |
|--------------------------|-------|--------|
| Parking Space(s) #: | | |
| Vehicle License(s): | | |
| Make/Model of Vehicle(s) | | |
| Year of Vehicle(s) | | |
| Colour of Vehicle(s) | | |

PLEASE USE REVERSE IF EXTRA SPACE IS REQUIRED