

**OWNER REGISTRATION FORM**

**PLEASE COMPLETE AND RETURN FOR OUR FILES**

Date: \_\_\_\_\_ Condominium Corporation #: \_\_\_\_\_

Condominium Address and Unit #: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

and \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Business: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address if Absentee Owner: \_\_\_\_\_

Name of Tenant (s): \_\_\_\_\_

(if any)

Telephone #: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Business: \_\_\_\_\_

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Parking Space(s): \_\_\_\_\_

Vehicle License(s): \_\_\_\_\_

Make/Model of Vehicle(s) \_\_\_\_\_

Year of Vehicle(s) \_\_\_\_\_

Colour of Vehicle(s) \_\_\_\_\_

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In the event of an Emergency, please contact:

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number