

OWNER/RESIDENT INFORMATION FORM – Y.R.V.L.C.C. No. 1066

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

ADDRESS _____

Owner's Name (1) _____

First Name

Last Name

(2) _____

First Name

Last Name

Telephone No. Res () _____ Bus () _____ Cell () _____

E-mail Address _____

Occupant's Name (1) _____ (3) _____

(2) _____ (4) _____

Telephone No. (If different than Unit Owners) Res () _____ Bus () _____

Vehicle Make/Year/Colour _____ **Licence Plate Number** _____

(1) _____

(2) _____

Do you have pets? Yes ___ No ___ If Yes, type and Description: _____

Would you require assistance in an emergency? Yes _____ No _____

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name _____ Condition/Assistance Required _____

Name _____ Condition/Assistance Required _____

In Case of an Emergency Contact:

Name: _____ Relationship: _____ Telephone No: () _____

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: Yes ___ No ___

If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form '5' attached. (Requirement of the Condominium Act).

Owners/Residents Signature _____ Date _____

Please Complete and Return this Form to FirstService Residential - Fax to: 416-293-5904
Or, mail to FirstService Residential, 89 Skyway Avenue, Suite 200, Toronto ON M9W 6R4