

**IMPORTANT - CONTACT INFORMATION & UPDATE**

*This information is required by your YRVLCC 1079 Board of Directors & Property Manager for the purpose of carrying out their duties and obligations in managing the Corporation and to communicate with its Owners.*

**COMPLETION INSTRUCTIONS**

*If this information has NOT changed since your last update please complete ONLY Sections A & D, otherwise complete all Sections.*

*Return completed form to:*

*In person: FirstService Residential Drop-Off Box at the Recreation Centre*

*By Fax: 416 293-5904 - By Email: ballantrae.community@fsresidential.com*

*By Mail: FirstService Residential, 89 Skyway Ave., Suite 200, Toronto, ON M9W 6R4*

**SECTION A - REGISTERED OWNER(S), PROPERTY ADDRESS & CONTACT INFORMATION**

Registered Owner(s)	Owner (1)	Owner (2)
Last Name:		
First Name & Initials:		
Email Address:		
Street Number & Name:		
City:		
Province:		
Postal Code:		
Home Phone:		
Cell Phone:		
Other Phone:		

**SECTION B - EMERGENCY CONTACT(S)**

Emergency Contact(s)	Contact (1)	Contact (2)
Last Name:		
First Name & Initials:		
Relationship:		
Home Phone:		
Cell Phone:		
Business Phone:		
Email Address:		

**SECTION C - FOR NON-OWNER OCCUPIED PROPERTY**

Occupant(s)	Occupant (1)	Occupant (2)
Last Name:		
First Name & Initials:		
Home Phone:		
Cell Phone:		
Other Phone:		
Email Address:		

**SECTION D - REGISTERED OWNER(S) SIGNATURE(S) IS/ARE MANDATORY**

*I /We understand that my/our Email Address/es and Emergency Contact Information will be used solely for the purpose of communication between the Board of Directors of YRVLCC 1079, the Property Manager and the individuals listed above and will not be divulged to any other party without my written permission. I/We also understand that it is my/our responsibility to advise the Board and/or the Property Manager of any changes.*

Signature of Owner (1):		Date:	
Signature of Owner (2):		Date:	