

RESIDENT INFORMATION FORM

INFORMATION REQUESTED UNDER THE AUTHORITY GRANTED
IN SECTION 46(1)(3) OF THE CONDOMINIUM ACT

Record of Registered Owner(s)

**CORPORATION
NAME:**

UNIT #:

ADDRESS:

DATE:

OWNER INFORMATION

OWNER

NO. OF
OCCUPANTS:

NAME(S):

MOVE IN:

PHONE #:

ALTERNATE NUMBER:

EMAIL:

ALT EMAIL:

I/We authorize you to forward newsletters, Condominium Authority of Ontario (CAO) information related to our Condominium to the above e-mails. APPROVAL REQUIRED UNDER THE CONDOMINIUM ACT SECTION 46(3)(d)

PETS

DOGS:

CATS:

OTHER:

AUTOMOBILE(S)

(1)MAKE & MODEL:

(2)MAKE & MODEL:

LICENSE PLATE #:

LICENSE PLATE #:

EMERGENCY CONTACT

NAME:

PHONE #:

RELATIONSHIP:

ABSENTEE OWNER INFORMATION (if unit is rented your Declaration requires mandatory tenant registration)

TENANT NAME(S):

NO. OF VEHICLES:

PHONE #:

EMAIL:

LANDLORD ADDRESS FOR SERVICE:

As the landlord I have provided the tenants with a copy of the Rules & Regulation

You may return this form via email, mail, fax or by sending a clear photo to our office.