



OWNER INFORMATION FORM

The following information is required by the Declarant 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.

BUILDING ADDRESS: _____

Please choose one of the following

- I reside in this suite
- I reside in this suite but it is not my primary residence*
- I lease this suite* If suite is leased, please provide a copy of the lease or a form 5
If the Suite is leased during interim occupancy, please also provide management with a copy of the permission to lease from the Declarant \ Vendor.

Closing Date / Title Change Effective Date: _____

Unit/Suite Number: _____ **Parking Level & No:** _____ **Locker No.** _____
(If Applicable) (If Applicable)

Owner's Name: (1) _____
First Name Last Name
(2) _____
First Name Last Name

***Address (if different from above):** _____

Email Address (If different than Unit Owners) _____

Tel Numbers: Res: () _____ Bus: () _____ Cell: () _____

E-mail Address: _____

Occupant's/ Tenant's Names:

(1) _____ (3) _____

(2) _____ (4) _____

Telephone Number (If different than Unit Owners) Res: () _____ Bus: () _____

Telephone Number (If different than Unit Owners) Res: () _____ Bus: () _____

Email Address (If different than Unit Owners) _____

Email Address _____ **Email Address** _____



Vehicle Make/Year/Colour _____ Licence Plate Number _____

In-Suite Alarm: Yes ___ No ___ CODE _____ Bicycle Information (Make/Colour): _____

Access Card/Key/Fobs Number(s): _____

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

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

If yes, 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. Please also fill out the accompanying special assistance form which allows for additional detail.

Name _____ Condition/Assistance Required _____

In Case of an Emergency Contact:

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

Suite Sub-Metering: Has a Sub-Metering Form been completed and submitted to the sub-metering provider?
Yes ___ No ___ If No, would you like this form emailed to you:

Insurance: As per the proposed Declaration, each owner must obtain insurance on their unit. Please provide management with a copy of the insurance certificate.

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 Melbourne Property Management Inc.
Or, mail to Melbourne Property Management Inc., 1244 Caledonia Road. Suite 100, Toronto. ON. M6A 2X5
Email to shanta.sapkota@melbournepm.ca Or leave with Concierge.