



## OWNER/RESIDENT INFORMATION FORM

The following information is required by the Corporation for 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.

OWNER 1		OWNER 2	
<b>ADDRESS</b>	Unit/Suite:	<b>ADDRESS</b>	Unit/Suite:
	Street Address:		Street Address:
	City, Province:		City, Province:
	Postal code:		Postal code:
First Name :		First Name :	
Last Name :		Last Name:	
E-Mail		E-Mail	
<b>Tel.</b>	(H):	<b>Tel</b>	(H):
	(W):		(W):
	(Cell):		(Cell):
<b>occupants details</b>	1	First Name:```` Last Name: Tel #:	
	2	First Name:..... Last Name: ..... Tel #:	
	3	First Name:..... Last Name: ..... Tel #:	
	4	First Name:..... Last Name: ..... Tel #:	
<b>Vehicle Year/Make/Colour/Plate No:</b>			
<b>Vehicle Year/Make/Colour/ Plate No:</b>			
<b>In Case of an Emergency Contact:</b>			
Name:		Relationship:	Contact Tel #:
<p><b><i>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).</i></b></p> <p>Owners/Residents Signature _____ Date _____</p>			

**PLEASE COMPLETE AND RETURN THIS FORM TO PROPERTY MANAGEMENT OFFICE  
OR FAX TO 416 613 2822**

Condominium Act, 1998 - O. Reg. 49.01  
**SUMMARY OF LEASE OR RENEWAL – FORM 5**  
**(Clause 83 (1) (b) of the *Condominium Act, 1998*)**  
Corporation Number:.....

1. This is to notify you that an original  or renewal  {select one} written  or oral  {select one} lease  sublease assignment of lease  {select one} or a renewal of a written or oral lease, sublease or assignment of lease  has been entered into for:
2.  
Dwelling            Unit(s) \_\_\_\_\_            Level \_\_\_\_\_  
Parking            Unit(s) \_\_\_\_\_            Level \_\_\_\_\_

On the following terms:

Name of lessee(s)/sub lessee(s)/assignee(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number, if any: \_\_\_\_\_

E-mail: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Terminaison: \_\_\_\_\_

Option(s) to renew: (*set out details. I.e., first option commencement date*) \_\_\_\_\_

Rental Payments: \_\_\_\_\_

*(Set out amount and when due)*

Other Information: \_\_\_\_\_

*(At the option of the owner)*

3. I (We) have provided the above-designated lessee(s)/sub lessee(s) with a copy of the declaration, by-laws and rules of the Condominium Corporation.
4. I (We) acknowledge that, as required by subsection 83 (2) of the *Condominium Act, 1998*, I (We) will advise you in writing if the above-designated lease/sublease/assignment of lease is terminated.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*(Print name of owner)*

\_\_\_\_\_  
*(Signature of owner)*

\_\_\_\_\_  
*(Print name of owner)*

\_\_\_\_\_  
*(Signature of owner)*

*(In the case of a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation)*

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No. (If any): \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM TO PROPERTY MANAGEMENT OFFICE  
OR FAX TO 416 613 2822**