



OWNER INFORMATION FORM
PLEASE COMPLETE & RETURN FOR THE CORPORATION RECORDS

CONDOMINIUM CORPORATION NO. - _____

UNIT # _____

Address for Service (If not living on the property):

NUMBER, STREET

CITY / PROV

POSTAL CODE

Thank you for taking the time to assist us in keeping the information in our records correct and complete. **Contact information is required for emergency use and the organization of maintenance and repairs.** This information will not be made available to anyone not involved in the management of the property. Please return the form as quickly as possible so we can verify the record for your unit.

Owner(s) ↓ Complete Name(s) – (Please Print Legibly)

Name 1 _____

Name 2 _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Emergency Contact & Relationship: _____

Home Phone: _____

Work Phone: _____

The name of the company holding the mortgage on your unit is required for insurance purposes

Mortgagee: _____

ALL VEHICLES ON THE PROPERTY MUST BE REGISTERED WITH THE CORPORATION/PROPERTY MANAGEMENT COMPANY

	Make	Model	Colour	License
Vehicle 1				
Vehicle 2				

Owner Signature _____

Date _____

Owner Signature _____

Date _____

PLEASE NOTE: OWNER/LANDLORD IS REQUIRED BY LAW TO PROVIDE THE CONDOMINIUM CORPORATION WITH TENANT INFORMATION (FORM 5)