



Resident Information Sheet

To update your records with the most accurate information, please complete this form and return it to our office.

Possession Date: _____

Strata Name: _____	Strata Address: _____	Unit #: _____
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Registered owner: _____ Email address: _____ Reside in unit? <input type="checkbox"/> Y <input type="checkbox"/> N - If not, please provide a mailing address: Address: _____	Phone: _____ (Check off main contact #) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered owner: _____ Email address: _____ Reside in unit? <input type="checkbox"/> Y <input type="checkbox"/> N - If not, please provide a mailing address: Address: _____	Phone: _____ (Check off main contact #) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Emergency Contacts: _____	Keys: <input type="checkbox"/> Y <input type="checkbox"/> N	Phone: _____
_____	Keys: <input type="checkbox"/> Y <input type="checkbox"/> N	Phone: _____
_____	Keys: <input type="checkbox"/> Y <input type="checkbox"/> N	Phone: _____
_____	Keys: <input type="checkbox"/> Y <input type="checkbox"/> N	Phone: _____

Name of Occupants not _____	Phone: _____
Registered Owners: _____	Phone: _____
	Phone: _____

Name of Tenants: _____	Phone: _____
(Form K required) _____	Phone: _____

Name(s) for Enterphone: _____	Number for Enterphone: _____	<input type="checkbox"/> Long Distance <input type="checkbox"/> Local
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How can we make your life easier?

For our privacy policy please refer to our website.