

RESIDENT INFORMATION FORM

SUITE INFORMATION:

| | | |
|-------------|------------------|--------------|
| Suite #: | Parking Space #: | Locker #: |
| FOB/Card #: | Parking Space #: | Locker #: |
| FOB/Card #: | Enterphone Code: | Bike Rack #: |

OWNER OCCUPIED

TENANT OCCUPIED

REGISTERED OWNER INFORMATION:

| | | |
|----------|-------------|---------|
| Surname: | Given Name: | Email: |
| Home #: | Business #: | Cell #: |

| | | |
|----------|-------------|---------|
| Surname: | Given Name: | Email: |
| Home #: | Business #: | Cell #: |

| | | |
|----------|-------------|---------|
| Surname: | Given Name: | Email: |
| Home #: | Business #: | Cell #: |

NON-RESIDENT OWNER INFORMATION: *Provide address if different than Suite address*

| |
|----------|
| Address: |
|----------|

TENANT INFORMATION:

| | | |
|----------|-------------|---------|
| Surname: | Given Name: | Email: |
| Home #: | Business #: | Cell #: |

| | | |
|----------|-------------|---------|
| Surname: | Given Name: | Email: |
| Home #: | Business #: | Cell #: |

EMAIL, MAIL OR FAX THIS FORM TO 360 COMMUNITY MANAGEMENT LTD. (SEE TOP RIGHT CORNER) OR DROP OFF AT CONDO SITE OFFICE

IF UNIT IS MANAGED BY A THIRD PARTY:

| | |
|-------------|--|
| Managed By: | Email: |
| Phone #: | Copy of Lease/Lease Summary Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO |

POWER OF ATTORNEY/DESIGNATE INFORMATION: *If applicable*

| | | |
|--|-------------|---------|
| Name: | Email: | |
| Home #: | Business #: | Cell #: |
| Copy of Power of Attorney / Designate Agreement / Letter accompanies this form: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

RESIDENT'S CHILDREN INFORMATION:

| | | |
|----------|-------------|----------------|
| Surname: | Given Name: | Year of Birth: |
| Surname: | Given Name: | Year of Birth: |
| Surname: | Given Name: | Year of Birth: |

VEHICLE INFORMATION:

| | | |
|-------------|---------|-----------------|
| Make/Model: | Colour: | Licence Number: |
| Make/Model: | Colour: | Licence Number: |
| Make/Model: | Colour: | Licence Number: |

EMERGENCY CONTACT INFORMATION:

| | | |
|----------|-------------|-------------|
| Surname: | Given Name: | Home #: |
| Address: | | Business #: |

DOES ANYONE IN YOUR SUITE REQUIRE ASSISTANCE NOW OR IN AN EMERGENCY: YES NO

NAME OF DISABLED PERSON: _____ NATURE OF DISABILITY: _____

| | |
|------------|-------|
| SIGNATURE: | DATE: |
|------------|-------|

EMAIL, MAIL OR FAX THIS FORM TO 360 COMMUNITY MANAGEMENT LTD. (SEE TOP RIGHT CORNER) OR DROP OFF AT CONDO SITE OFFICE