

**RESIDENT INFORMATION FORM**  
**CONDOMINIUM CORPORATION NO. \_\_\_\_\_**

**PLEASE FILL IN AND RETURN TO MANAGEMENT OFFICE!**

While this information is not mandatory, Management and Board of Directors will appreciate to receive it so that a proper and accurate database is maintained in order to efficiently deal with emergencies, parking enforcement, and correspondence. At the same an up to date database of owners is required for official notification/communication.

If this unit is being leased, such information must be provided together with a copy of the Lease Agreement and Form 5.

**THANK YOU, ACE CONDOMINIUM MANAGEMENT INC. TEAM**

**Unit No.:** \_\_\_\_\_ **Street:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do You Rent or Own Your Unit?                      Rent       Own

1. OWNER INFORMATION: (If you rent please fill this out on behalf of the owner)

Owner Name: \_\_\_\_\_  
Owners Address: \_\_\_\_\_  
Owners Home No: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Business #: ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

2. RESIDENT INFORMATION: (Please fill in whether you own or rent)

Resident Name: \_\_\_\_\_  
Resident Home No.: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Please print the names of **all** the people that currently reside at your unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. VEHICLES:

Model: \_\_\_\_\_ Colour: \_\_\_\_\_ Lic. No: \_\_\_\_\_  
Model: \_\_\_\_\_ Colour: \_\_\_\_\_ Lic. No: \_\_\_\_\_

4. EMERGENCY CONTACT:

Relation: _____	Relation: _____
Name: _____	Name: _____
Address: _____	Address: _____
Home number: ( ) _____	Home number: ( ) _____
Cell number: ( ) _____	Cell number: ( ) _____
Business: ( ) _____	Business: ( ) _____

5. Does anybody in your unit have a disability/require assistance in case of an emergency?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_

Type of disability: \_\_\_\_\_