

40 Homewood
Owner / Resident Information Form

Apartment
Storage Space

Door Code

A Resident Information						
Resident Name	[Please Print]	Owner	Tenant	***	Phone Number	Cell Phone
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

*** Emergency Assistance Required [W] Wheelchair [S] Sight [H] Hearing [M] Mobility [O] Other

B Tenant Declaration
I/We the above listed tenant(s) have received a copy of the Declaration, Bylaws and Rules
Tenant Signature

C Non-Resident Owner Information
Registered Owner Name: Phone:
Address Cell Ph
Email

D Emergency Contact Information
Emergency Contact Name: Phone:
Address Cell Ph
Email Text to Cell Ph No. []

E Emergency Contact Information
Emergency Contact Name: Phone:
Address Cell Ph
Email Text to Cell Ph No. []

F Pet Registration				
Type / Breed	Colours	Name	City Tag	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G Security Key Fob Registry All door entry Key Fobs are registered to the unit and if not listed will be disabled after January 31st

Fob Number	<input type="text"/>	Fob Holder	<input type="text"/>
Fob Number	<input type="text"/>	Fob Holder	<input type="text"/>
Fob Number	<input type="text"/>	Fob Holder	<input type="text"/>
Fob Number	<input type="text"/>	Fob Holder	<input type="text"/>
Fob Number	<input type="text"/>	Fob Holder	<input type="text"/>

H Bicycle Registration Information

Bike Tag No.	<input type="text"/>	Color/Type	<input type="text"/>	Other	<input type="text"/>
Bike Tag No.	<input type="text"/>	Color/Type	<input type="text"/>	Other	<input type="text"/>
Bike Tag No.	<input type="text"/>	Color/Type	<input type="text"/>	Other	<input type="text"/>
Bike Tag No.	<input type="text"/>	Color/Type	<input type="text"/>	Other	<input type="text"/>

I Motor Vehicle Registration Information

Make/Model	<input type="text"/>	Lic Plate	<input type="text"/>	Parking Spot	<input type="text"/>
Make/Model	<input type="text"/>	Lic Plate	<input type="text"/>	Parking Spot	<input type="text"/>
Make/Model	<input type="text"/>	Lic Plate	<input type="text"/>	Parking Spot	<input type="text"/>

J Email Notifications
I / We would like to receive documents by email [] Email Address:
[] Newsletter [] Office Notices [] Board Minutes [] Other

I Declaration and Acknowledgements
I / We understand that any change in the above information will be supplied to the management office at the earliest opportunity
I / We understand that contact information will be supplied to the management office in the event of an extended absence of the Resident/Owner
I / We, the above listed resident(s), agree to abide by the Declaration, Bylaws and Rules of the Corporation
Signature Date

All Information provided by the completion of this form will remain confidential and be used only for its intended purposes. The release of this information is not authorized by any signature or endorsement contained on this form. York Condominium Corporation 75 complies with the requirements of the Privacy Laws of Ontario

Further Information for the Management Office and/or Comments