

# Suite, Owner Information

Your updated and current information is important to us so we may communicate and coordinate all of your building services for you. Please fill in the following information and return to your Property Management Office.

## Suite Information

Suite: \_\_\_\_\_ Date: \_\_\_\_\_

Parking(s): \_\_\_\_\_ Locker(s): \_\_\_\_\_ Credential Info: Info: \_\_\_\_\_

Residency Status:    Owner Occupied        Tenant Occupied        Other   

## Owner Information (Name(s) of all registered suite owners)

Name: \_\_\_\_\_ Residing in suite:    Yes        No   

*(Primary owner)*

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Residing in suite:    Yes        No   

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Primary Address for Service (if different)

Suite #	Street # & Name	City	Prov/State	Country
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## Power of Attorney / Designate Information (if applicable)

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Copy of Power of Attorney / Designate Agreement / Letter:    Yes        No   

Notes / Comments: \_\_\_\_\_

## If Leasing / Renting Your Suite

Managed By:    Owner    Yes        No        Other: \_\_\_\_\_

*(Provide Name of Rental Company & Leasing Agent)*

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Copy of Lease Provided: \_\_\_\_\_

## Resident Information

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

Indicate if:  Owner  Family Member  Tenant  Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

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

Indicate if:  Owner  Family Member  Tenant  Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

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

Indicate if:  Owner  Family Member  Tenant  Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

## Vehicle Registration

Make / Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Number: \_\_\_\_\_

Make / Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Number: \_\_\_\_\_

## Resident(s) Requiring Special Assistance

Do you or someone residing in your suite require assistance in the case of an emergency?

Yes  No

If yes, please complete the extended Special Assistance form located within CondoControl or available through your Property Management office.

## Emergency Contact

Name: \_\_\_\_\_ Residing in suite: Yes  No

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_