

OWNER INFORMATION FORM



PLEASE COMPLETE & RETURN TO TRADEMARK PROPERTY MANAGEMENT LTD. FOR THE CORPORATION RECORDS

Re: Condominium Corporation No. _____ UNIT _____

Address: _____
NUMBER, STREET CITY, PROV POSTAL CODE

Address for service, if not living on the property: _____
NUMBER, STREET CITY, PROV, POSTAL CODE

THANK YOU FOR TAKING THE TIME TO ASSIST US IN KEEPING THE INFORMATION IN OUR RECORDS CORRECT AND COMPLETE. **TELEPHONE NUMBERS ARE REQUIRED FOR EMERGENCY USE AND ORGANIZING MAINTENANCE AND REPAIRS.** THEY WILL NOT BE MADE AVAILABLE TO ANYONE NOT INVOLVED IN THE MANAGEMENT OF THE PROPERTY. PLEASE RETURN THE FORM AS QUICKLY AS POSSIBLE SO WE CAN VERIFY THE RECORD FOR YOUR UNIT. THANK YOU.

OWNER(S) ↓ COMPLETE NAME(S) - PLEASE PRINT LEGIBLY

_____ Home Phone: _____

Circle phone that applies to the number

_____ Work / Cell Phone: _____

Email (optional): _____

Providing us with email helps reduce the cost of postage to your corporation

ALL VEHICLES ON THE PROPERTY MUST BE REGISTERED WITH THE CORPORATION/PROPERTY MANAGEMENT COMPANY

	Make	Model	Colour	License
Vehicle 1				
Vehicle 2				

Emergency Contact Information: _____
Full Name

_____ Relationship
Relationship

Home Phone: _____ Work Phone: _____

Owner Signature _____ Date _____

Owner Signature _____ Date _____

PLEASE NOTE: IF YOU ARE AN OWNER/LANDLORD - KINDLY FILL OUT A FORM 5 AND SEND IT IN IN ACCORDANCE WITH THE CONDOMINIUM ACT.