

# TENANT / RESIDENT REGISTRATION FORM

SUITE NO: 1210

OCCUPANCY DATE: 2025.05.01

## RESIDENT(s) / TENANT(s) INFORMATION:

**\*\* Owner(s) must provide a copy of the Lease Agreement if the Suite is Tenanted**

FIRST NAME: Kexuan

LAST NAME: Zhang

PHONE #: (C) 4373612016

(B)

E MAIL ADDRESS: zhangkexuan0514@outlook.com

FIRST NAME:

LAST NAME:

PHONE #: (C)

(B)

E MAIL ADDRESS:

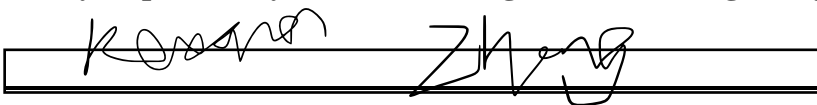
I agree to receive all and any documents and information via the email address provided above:

(Place an "x")

Yes ☒ x

No ☐

I understand it is my responsibility to inform management in writing of any change in this agreement.

Signature:  Date: 2025.04.23

A. LOCKER INFORMATION: LOCKER NO: LEVEL:

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B. PARKING INFORMATION:

PARKING SPACE #: LEVEL: MAKE: MODEL: YEAR: COLOR: LIC.NO:

PARKING SPACE #: LEVEL: MAKE: MODEL: YEAR: COLOR: LIC.NO:

SPACE RENTED TO: (If applicable) OR SPACE RENTED FROM: (If applicable)

C. SUITE ACCESS INFORMATION:

ACCESS FOB NO. (1) #

(2) #

(3) #

**D. DO YOU HAVE ANY PETS?**      ☐ YES      ☐ NO      NO. OF PETS (MAX 2): Type(s): \_\_\_\_\_

**E. DO YOU OWN A BICYCLE(S)?**      ☐ YES      ☐ NO      NO. OF BICYCLES: \_\_\_\_\_

BICYCLE DESCRIPTION(S): \_\_\_\_\_

**F. DOES ANYONE IN YOUR SUITE REQUIRE ASSISTANCE IN AN EMERGENCY?**      ☐ YES      ☐ NO

NAME OF PERSON REQUIRING ASSISTANCE: \_\_\_\_\_

TYPE OF DISABILITY/AILMENT: \_\_\_\_\_

**G. ARE YOU ABSENT / ON VACATION DURING ANY PART OF THE YEAR?**      ☐ YES      ☐ NO

FORWARDING ADDRESS: \_\_\_\_\_

CONTACT PHONE NO(S): \_\_\_\_\_ / \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**H. IN CASE OF EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND OF RESIDENTS)**

NAME: Hui Xie      RELATIONSHIP: Mother

PHONE NO(S): (H) +86 13993808733 (C) \_\_\_\_\_ Email 363544737@qq.com

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NO(S): (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

*All information on this Form will remain strictly confidential. This information is required for Fire Safety, Building Safety and Security purposes only.*