



## OWNER / RESIDENT INFORMATION FORM

**Corporation Number:** PEEL STANDARD CONDOMINIUM CORPORATION NO. 834

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

<b>BUILDING ADDRESS:</b>			
<b>Unit / Suite Number:</b>		<b>Parking Level &amp; No.:</b>	<b>Locker No.:</b>
<b>Owner's Name:</b>	(1)		
	(First Name)	(Last Name)	
	(2)		
	(First Name)	(Last Name)	
<b>Address (if different from above)</b>			
<b>Tel. Numbers:</b>	<b>Res.: ( )</b>	<b>Bus.: ( )</b>	<b>Cell.: ( )</b>
<b>E-Mail Address:</b>			
<b>Mortgage Company Name:</b>			
<b>Mortgage Company Address:</b>			
<b>Occupant's Names / Phone No.:</b>	(1)	Phone No: ( )	
	(2)	Phone No: ( )	
	(3)	Phone No: ( )	
	(4)	Phone No: ( )	
<b>E-Mail Address:</b>			
<b>Name to appear on Enter phone:</b>			
<b>Vehicle Make / Year / Color:</b>			<b>License Plate Number:</b>
(1)			
(2)			
<b>In-Suite Alarm:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service Contract With:</b>	
<b>Bicycle Information:</b>	(Make / Colour):	<b>Common Area Rack # (if assigned:</b>	
<b>Access Card / Key / Fobs Number(s):</b>			
<b>Garage Remote Control Numbers:</b>			
<b>Do you have pets?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, type and description:</b>	
<b>Would you require assistance in an emergency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please list the names and any limiting conditions for residents of your unit who, because of medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.			
<b>Name:</b>		<b>Condition/Assistance Required:</b>	
<b>In case of an Emergency contact:</b>			
<b>Name:</b>		<b>Relationship</b>	<b>Telephone No.: ( )</b>
<b>Notices that are required to be given to the Owner may be sent by fax, electronic mail or other method of electronic communication:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**OWNERS/RESIDENT'S SIGNATURE:**

**DATE**

Please complete and return this form to Larlyn Property Management Ltd.  
Please leave at the Concierge Desk, Management Office or fax to 905-232-0542,  
or mail to Larlyn Property Management Ltd., 388 Prince of Wales Drive, Mississauga, ON L5B 0A1