



(416) 901 9228
(647) 296 5681
pm@proactivemanagement.ca
www.proactivemanagement.ca

OWNER/TENANT INFORMATION FORM

The Condominium Act of Ontario, 1998, Section 47 requires that all owners provide, in writing, their tenant's name and address for service. This form is designed to assist owners in providing the required information to their Condominium Corporation.

NAME (FIRST, LAST) : _____

PARTNERS NAME(FIRST, LAST); _____

ADDRESS: _____

PHONE #S: (HOME): _____ (WORK): _____ (CELL): _____

EMAIL ADDRESS: _____ (FAX) : _____

IN CASE OF EMERGENCY DO YOU OR ANYBODT REQUIRE ASSISTANCE TO EXIT THE UNIT? :

YES _____ NO _____

IF YES, PLEASE DESCRIBE THEIR DISABILITY: _____

NAME AND CONTACT INFORMATION OF PERSON TO CONTACT IN CASE OF EMERGENCY

NAME: _____ PHONE #: _____

ADDRESS: _____

NUMBER OF CHILDREN RESIDING IN UNIT: _____

NUMBER AND TYPE OF PETS RESIDING IN UNIT: _____

OWNER/TENENT VEHICALE INFORMATION

FIRST VEHICLE INFORMATION SECTION

SECOND VEHICALE INFORMATION

PLATE #: _____

PLATE #: _____

MODEL : _____

MODEL : _____

MAKE : _____

MAKE : _____

PARKING SPACE: _____

PARKING SPACE: _____

Privacy Policy : The information provided in this from is kept confidential and will not be given, sold, disseminated, mailed or transmitted to any party without legal authorization through court rulings or by the express permission of the person (s) named on this form