HALTON CONDOMINIUM CORPORATION NO. 150

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.

BUILDING ADDR	ESS: 10	2 Bronte F	Road, Oakville, C	ON L6L 6J5		
Unit/Suite Numbe	er:		Loc	ker Number(s):		
Owner's Name: ((1)					
	(Fir	st Name)		(Last Name)		
((2)					
	(Fir	st Name)		(Last Name)		
Address (if different	ent from a	above): _				
Tel Numbers: R	es:		Bus:		Cell:	
E-mail Address(es	s):					
Occupant's Names: (1)				(3)		
	(2)	(4)				
Telephone Number (If different than Owner's) Res:				Е	Bus:	
Vehicle Make/Yea	ar/Colour			Licence Plate Nu	ımber	Parking spot #
(1)						
In-Suite Alarm:						
Insurance:	Yes	No				
Bicycle Information	on (Make	/Colour):_				
Weight of your per	t(s)			Breed		
Would you require Please list the names a require special assistant	and any limi	ting conditions	s for residents of your	Yes No unit who, because of a m	edical, physica	al or emotional condition, might
Name			Condition/Assista	nce Required		
Name			Condition/Assista	nce Required		
In Case of an Emo	ergency (Contact:				
Name:		F	Relationship:	Telep	hone No: _	
Notices that are method of electron					oy fax, ele	ectronic mail or other
•		•	al Form '5' at	r) has been leas tached. (Require eclaration).		d, complete the the Condominium
Owners/Residents	Signatur			•	Data	

Please Complete and Return this Form to the Office