## **HALTON CONDOMINIUM CORPORATION NO. 558**

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 ADD	RESS:	253-261 Ch	urch Street, Oak	ville, ON L6J 1N7	
Unit/Suite Number:			Loc	ker Number(s):	
Owner's Name:	(1)				
		(First Name)		(Last Name)	
	(2)	(=: . N		( ) ( ) ( ) ( ) ( ) ( )	
		(First Name)		(Last Name)	
Address (if diffe	rent fro	m above): _			
Tel Numbers:	Res:		Bus:	Cell:	
E-mail Address(	es):				
Occupant's Names: (1)				(3)	
	(2)_			(4)	
Telephone Number (If different than Owner's) Res:			Owner's) <u>Res:</u>	Bus:	
Vehicle Make/Year/Colour				Licence Plate Number	Parking spot #
<u>(1)</u>					
(2)					
In-Suite Alarm:	Yes	No Service Contract With			
Insurance: Yes No Policy Provider				ler	
Bicycle Information	tion (Ma	ke/Colour):			
Key Fob Numbe	er(s):				
Weight of your p	et(s)			Breed	
	s and any	limiting condition		Yes No unit who, because of a medical, physical	sical or emotional condition, might
Name			Condition/Assista	nce Required	
NameCondition/Assistance Required					
In Case of an En	nergen	cy Contact:			
Name:			Relationship:	Telephone No	:
Notices that ar method of elect				ner may be sent by fax, o	electronic mail or other
•		_	val Form '5' at	r) has been leased/rent tached. (Requirement declaration).	
O	4- 0'				
Owners/Residents Signature				Date	)

Please Complete and Return this Form to the Office