

# HALTON CONDOMINIUM CORPORATION NO. 73

## OWNER-TENANT INFORMATION FORM

1250 MARLBOROUGH COURT, OAKVILLE, ONTARIO

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.

Unit/Suite Number: \_\_\_\_\_

Owner's Name: (1) \_\_\_\_\_  
(First Name) (Last Name)

(2) \_\_\_\_\_  
(First Name) (Last Name)

Unit is:  Rented  Owner-Occupied  Vacant  For sale/lease

Owner's Address (if different from above): \_\_\_\_\_

Tel Numbers: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Occupant's Names: (1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

Phone Number (if different than Owner's) H: \_\_\_\_\_ CMW: \_\_\_\_\_

**Vehicle Make / Model** **Year** **Colour** **Licence Plate Number**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

In-Suite Alarm: Yes \_\_\_ No \_\_\_ Service Contract With \_\_\_\_\_

Insurance: Yes \_\_\_ No \_\_\_ Policy Provider \_\_\_\_\_

Bicycle Information (Make/Colour): \_\_\_\_\_

Do you have pets? Yes \_\_\_ No \_\_\_ If Yes, type and Description: \_\_\_\_\_

Would you require assistance in an emergency? Yes \_\_\_ No \_\_\_

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

In Case of an Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: Yes \_\_\_ No \_\_\_

I consent to my name, unit #, telephone # and email address listed in the community phone book, which is to be distributed to all residents at our condominium: Yes \_\_\_ No \_\_\_

***If Unit has been leased/rented, you must complete the Summary of Lease or Renewal Form. Please contact Management to obtain a copy***

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Complete and Return this Form to Central Erin Property Management**

HCC 73, c/o Central Erin Property Management, 151 Randall Street, Oakville, Ontario, L6J 1P5  
Tel: 905-842-1429, Fax: 905-845-4665, Email: 73@centrallerin.com