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TENANT INFORMATION FORM

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

BUILDING ADDRESS: 81 Dundas Street, Dundas, ON, L9H 7T5 Unit/Suite Number: Locker Number(s): Leaseholder's Name: (1) (First Name) (Last Name) (2)_____ (First Name) (Last Name) (Last Name) (First Name) Mail Address (if different from above): Tel Numbers: Res: Cell: E-mail Address(es): (1) (3) Occupant's Names: (2)_____(4)____ Vehicle Make/Year/Colour License Plate Number Parking Stall # (1) Service Contract With: In-suite Alarm: Policy Provider: Insurance: Bicycle Information (Make/Colour): Do you have pets? Quantity: If Yes, type and Description:

151 Randall St 905.842.1429 Oakville, Ontario L6J 1P5 Toll Free 1.866.842.1766

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In Case of an Emergency Contact:			
Name <u>:</u>	Relationship:	Telephone No:	
Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication:			
Leaseholder (1) Signature	9	Date	
Leaseholder (2) Signatur	e	Date	
Leaseholder (3) Signatur	e	Date	

Please Complete and Return this Form to Central Erin Property Management