

TSCC 1525- OWNER/RESIDENT INFORMATION FORM

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. Please state NOT APPLICABLE where necessary

SUITE INFORMATION: <i>O</i>		OWNER OCCUP	WNER OCCUPIED □		TENA	NT OCCUPI	OCCUPIED 🗆	
SUITE:	8 Park Ro	ad		PARKING #		LOCK	ER#	
□ REGISTERED OWNER INFORMATION:								
Name & Last Name	Home phone: #	Cell Phone:	Cell Phone: #		Business Phone: #		E-mail Address:	
1.								
2.								
3.								
Mailing address: If different from above	STREET	SUITE#		CITY PRO	VINCE	POST	AL CODE	
Power of Attorney/ Designate information – if Applicable	COPY OF POWER OF ATTORNEY □			DESIGNATE AGREEMENT □ LETTER □				
☐ RESIDENTS LIVING WITH THE OWNERS:								
Name Last Name		Home phone: # Cell Phone: #		Business Phone: #		E-mail Address:		
1.								
2.								
3.								
☐ TENANT INFORMATION:								
Name & Last Name	Home phone: #	Cell Phone:	#	Business Pho	one: #	E-mail A	ldress:	
1.	Trome phone.	Cen i none.	1	Business i iii	one. "	L man 7 K	idiess.	
2.								
3.								
4.								
Leasing Copy submitted (mandatory please check one): Summary of Lease or Renewal □ Copy of Lease Agreement □ Others □ VEHICLE / PET / /FOB/ EMERGENCY/ INFORMATION								
VEHICLE/ MODEL:		Color: Yea		: Licen		ce Plate:		
VEHICLE/ MODEL:		Color:			Licen	ice Plate:		
PETS:	yes□ no □	Description:			_ l			
IN SUITE ALARM:	yes□ no □	_						
FOB:	#	#	T	#				
EMERGENCY CONTACT:	Pl		Phon	e:#				
Do you require assistance in case of emergency? Any small YES □ NO □ children living in the unit? *If yes, 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 evaluation situation or list the children's name. NAME OF DISABLED PERSON / Small children's names: 1) 2 2 2 Assistance Required please provide any details, or ask the Management Office for additional form it needed:								
Print Name		Date						