MTCC 1298 RESIDENT INFORMATION SHEET

Suite No:		Entry Phone Code:		
Primary Resident				
Last Name	First Name	E-Mail		
Home No	Bus No	Cell N	0	
How do you want your name to ap	ppear on the Entry Phone?			
Emergency Contact: Name	Phone No			
If renting, please provide the fo	llowing Owner information:			
Name				
Resident 3	Phone No	Email	Email	
			Parking Spot	
Vehicle Make	Colour	Lic. No	Parking Spot	
Access FOB No	FOB No Garage Remote No			
_ocker No Bicycle Rack No Pets: Yes/No Type				
If you are currently renting an add	itional parking spot or locker, ple	ease provide details below:		
Is anyone residing in the suite dis	abled? Yes/No Type of di	sability:		
Is assistance required in the even	t of an emergency? Yes/No			
Notices that are required to be give communication: Yes/No	ren to the owner may be sent by	fax, electronic mail or othe	er methods of electronic	
Notice to Information Provider: The Electronic Documents Act which the Condominium Corporation implies this information for the purposes seems.	pecame effective on January 1, 2 the consent of the resident not	2004. Please be advised th		
laws and Rules of the Corporation	cords, appropriate insurance propriets, the enforcement of the proving the provision of repair, maintenance property of residents, the shape to residents of the Corporation	otections for persons and pricisions of the Condominium nance and/or emergency searing of collected information	roperty, the safety and welfare of Act 1998, the Declaration and By- ervices for the corporation's on with board members and officers	

Primary Resident Signature: ______ Date: _____