RESIDENT INFORMATION FORM

BUILDING: Sugar Wharf Condominiums - West Tower **Suite#:** _____

Please complete and return to Management via email sugarwharfwest@menres.com, so that we may complete our occupancy records enabling us to deliver relevant information concerning your condominium. All information is respected and treated with the utmost confidentiality. Thank you.

Residency Status: Owner Occupied ☐ Tenant Occupied ☐ Other ☐ _____

OWNER INFORMATION *(Name(s) of all registered suite owners)*

Name of Owner:	_____	_____
	First Name	*First Name*
	_____	_____
	Last Name	*Last Name*
Telephone No. Home:	_____	_____
Telephone No. Cell:	_____	_____
E-mail address:	_____	_____
Other Resident(s):	_____	_____
Telephone No. Cell:	_____	_____
E-mail address:	_____	_____

Primary Address for Service: _____

TENANT INFORMATION

Copy of Lease Provided ☐

Name of Principal Tenant:	_____	_____
	First Name	*First Name*
	_____	_____
	Last Name	*Last Name*
Telephone No. Home:	_____	_____
Telephone No. Cell:	_____	_____
E-mail address:	_____	_____
Other Resident(s):	_____	_____
Telephone No. Cell:	_____	_____
E-mail address:	_____	_____

PARKING / VEHICLE INFORMATION

Parking No:	_____	Model of Vehicle:	_____
Owner of Vehicle:	_____	Colour of Vehicle:	_____
Make of Vehicle:	_____	License No:	_____

LOCKER

Locker Level & Unit:	_____	_____

DISABLED OR REQUIRING ASSISTANCE INFORMATION SHEET

If someone in your suite is disabled or requires assistance, please advise management so that we can give the information to the fire department in the event of an emergency.

Name: _____ Disability: _____

EMERGENCY CONTACT (*Family/Close Friend*)

Name: _____

Relationship: _____

Telephone No. Home: _____

Telephone No. Cell: _____

SUMMARY OF INSURANCE (*Insurance is required by Owner and Tenant*)

Insurance Company: _____

Insurance Broker: _____

Policy Number: _____

Effective Date of Policy: _____ Expiry Date of Policy: _____

PET REGISTRATION FORM

Name of Pet: _____

Breed: _____ Colour(s): _____

Size & Weight: _____ License No: _____

Age: _____ Vet Name & Contact: _____

FOBS/REMOTES

Fob #: _____ Garage Opener #: _____

Fob #: _____ Garage Opener #: _____

ENTERPHONE (*only local numbers can be set up in the directory)*

Name to be listed: _____ Phone Number: _____

(E.g.: Last Name, First Initial of First Name or Custom)

Name to be listed: _____ Phone Number: _____

(E.g.: Last Name, First Initial of First Name or Custom)

SIGNATURE

Signature: _____ Signature: _____

Owner ☐ Tenant ☐ Owner ☐ Tenant ☐

Date: _____ Date: _____

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PROPERTY MANAGEMENT