

# York Region Standard Condominium Corporation No. 1075

## The Beverley of Thornhill City Centre

### RESIDENT INFORMATION

Name: \_\_\_\_\_ Suite : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Are you the OWNER \_\_\_\_ or TENANT \_\_\_\_ Do you live in the suite? Yes \_\_\_\_ No \_\_\_\_

Home Phone: \_\_\_\_\_ Business No.: \_\_\_\_\_ Cell No: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Number of People residing in the unit: ( ) Resident(s) Name: \_\_\_\_\_

Mailing Address if Owner Lives Off Site: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business No.: \_\_\_\_\_ Cell No: \_\_\_\_\_

	Parking Spot #	License Plate #	Car Model	Locker #	Remote #	Key Fob #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

If you own a Pet, state: Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ (lb.)

In accordance with the Condominium Act, Section 83 (1) (b) Notification by Owner, please provide the Corporation with the tenant name, the owner address and a copy of the lease or renewal, if the unit is leased. Please also provide a copy of your Proof of Liability and Contents Insurance.

#### Handicapped or Medical Problem:

Name of Person who would require assistance in an emergency (i.e. Blind, Handicapped, Heart Condition ...)

Name of Resident(s) \_\_\_\_\_ Kind of Help: \_\_\_\_\_

#### Received the Rules & Regulations of Y.R.S.C.C. 1075 & Shared Facilities

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_