

Unit Owner Information

This information is kept confidential and is for the records of your condominium

_____ **Condominium Corporation No.** _____.

It is essential that this form be completed by all owners and returned to:

Five Rivers Property Management Group
28 Bett Court, Guelph, ON N1C 0A5.

www.fiveriverspm.ca
ownerupdates@fiveriverspm.ca

Failure to return this form may result in the owners of your unit not being considered in quorum calculation at meetings and may disentitle the owners from voting at owners' meetings. In addition, failure to return this form may disentitle the owners from being given notice of any corporation business or receiving condominium information/correspondence. Upon submission, you will receive access to the Corporation's website.

The undersigned is/are the owner(s) of: _____ **Condominium Corporation No.** _____

Unit# _____, _____, _____, **Ontario,** _____
Address *City* *postal code*

If Applicable: Parking Space _____ **Locker Number** _____

CLOSING DATE: _____

Registered Unit Owner Information *If more than two owners, please fill out an additional information sheet.*

| Unit Owner Details and Contact Information | <i>Print the full name of each owner of this unit</i> | |
|---|---|---------|
| Owner Name: | Home #: | Cell #: |
| Address for service (if different from unit address): | Other #: | |
| <p>Agreement to Receive Notices Electronically</p> <p>Method the Corporation may use to deliver notices to me:</p> <p>Email address: _____</p> <p>Other: _____</p> <p>I agree that I am sufficiently served as per Sect. 54 of the <i>Condominium Act, 1998</i> if the Condominium uses the method of delivering notices identified in this agreement.</p> | | |
| <i>Signature</i> | <i>Date</i> | |

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| <i>Signature</i> | <i>Date</i> | |

****Please note we will only use your contact information listed above for corporation business, unless you advise us otherwise in writing, as per our Privacy Policy (available on website).***

Unit Management (complete for permission to access/amend unit information)

| | | |
|--------------------------|-----------------|----------------|
| Management Company Name: | | |
| Contact Name: | | |
| Cell phone: | Business phone: | Email address: |

Registered Unit Owner Emergency Contact

| | | |
|--|-------------|-----------------|
| In the event of an emergency, you may contact: Name(s): | | |
| My emergency contact has a key to my unit. Yes / No | | |
| Relationship: | | |
| Home phone: | Cell phone: | Business phone: |

Tenant/Occupant Information (if applicable)

| <i>Print name and email address of each resident:</i> | <i>Telephone number of each resident:</i> | |
|---|---|---|
| 1. Name: | Home: | Cell: |
| Email: | Other: | <input type="checkbox"/> Tenant <input type="checkbox"/> Occupant |
| 2. Name: | Home: | Cell: |
| Email: | Other: | <input type="checkbox"/> Tenant <input type="checkbox"/> Occupant |
| 3. Name: | Home: | Cell: |
| Email: | Other: | <input type="checkbox"/> Tenant <input type="checkbox"/> Occupant |
| 4. Name: | Home: | Cell: |
| Email: | Other: | <input type="checkbox"/> Tenant <input type="checkbox"/> Occupant |

Occupant Vehicle Information (this is the information for the person(s) living in the unit)

| List the make/model of each resident vehicle: | List the license plate for each resident vehicle: |
|--|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Evacuation Assistance Requirement: if you require assistance in the event of building/property evacuation

| |
|--|
| Occupant/Resident Name(s): |
| I/We will need assistance if the building/property must be evacuated. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details: (i.e. due to illness, physical disability, age etc.) |