

Owner Information Update

PLEASE COMPLETE & RETURN TO SKIRMS AVE. PROPERTY MANAGEMENT INC. FOR THE CORPORATION RECORDS

ADDRESS:

Condominium Corporation No. _____ **Unit** _____

ADDRESS FOR SERVICE, IF NOT LIVING ON THE PROPERTY:

STREET CITY PROVINCE Postal Code

Thank you for taking the time to assist us in keeping the information in our records correct and complete.

Telephone numbers are required for emergency use and organizing maintenance and repairs. They will not be made available to anyone not involved in the management of the property. Please return the form as quickly as possible so we can verify the record for your unit. Thank you.

OWNER(S) COMPLETE NAME(S) - PLEASE PRINT LEGIBLY

Home Phone: _____

Work **OR** Cell Phone: _____
(Circle phone that applies to the number)

Email (TO RECEIVE TIMELY INFORMATION FROM THE CORPORATION): _____

ALL VEHICLES ON THE PROPERTY MUST BE REGISTERED WITH THE CORPORATION/PROPERTY MANAGEMENT COMPANY

	Year/Make	Model	Colour	License
Vehicle 1				
Vehicle 2				

THE NAME OF THE COMPANY HOLDING THE MORTGAGE ON YOUR UNIT IS REQUIRED FOR INSURANCE PURPOSES

Mortgagee: _____

Owner Signature _____ Date _____

Owner Signature _____ Date _____

Closing Date _____

PLEASE NOTE: THE OWNER/LANDLORD IS REQUIRED BY LAW TO PROVIDE THE CONDOMINIUM CORPORATION WITH TENANT INFORMATION BY COMPLETING AND RETURNING THE **SUMMARY OF LEASE OR RENEWAL** (FORMERLY FORM 5).