

RESIDENT INFORMATION – TENANT

TENANT INFORMATION

Name(s) _____

Location _____

Unit Number/Address _____

City _____ Postal Code/PO Box _____

Phone Home _____ Cell _____ Work _____

Email _____

In the case of an emergency would you need assistance vacating your unit/the building (ex: mobility issues)?

Yes _____ No _____

Please let us know what vehicle(s) you own.

Make/Model _____ Colour _____

Plate No. _____ Parking Spot _____

Make/Model _____ Colour _____

Plate No. _____ Parking Spot _____

EMERGENCY CONTACT INFORMATION #1

Name _____ Relation _____

Phone Home _____ Cell _____ Work _____

EMERGENCY CONTACT INFORMATION #2

Name _____ Relation _____

Phone Home _____ Cell _____ Work _____

OTHER INFORMATION

If you feel there's any other information we should have on file (ex: another address if you live somewhere else for part of the year) please include it below.

THANK YOU FOR PROVIDING US WITH THIS INFORMATION