

YORK CONDOMINIUM CORPORATION NO. 34

**C/o Maple Ridge Community Management Ltd.
5753 Coopers Avenue, Mississauga, Ontario
L4Z 1R9**

RESIDENT INFORMATION FORM

In order to set up our office files, we are requesting that you complete this form with the following data. We would appreciate if you could print carefully. All information will be kept strictly confidential

Unit No. _____

Registered Owner(s): (1) _____ (2) _____

Mailing Address: _____

Telephone No(s): _____
Home Business Cell

E-Mail Address: _____

Other Resident(s): _____

Name of Tenant(s): _____
(If applicable)

Telephone No(s): _____
Home Business Cell

E-Mail Address: _____

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Make of Vehicle (1) _____ (2) _____

License Plate No(s) (1) _____ (2) _____

Colour of Vehicle(s) _____

PETS

Do you have pets? Yes No

If yes, type and description: _____

Tag No: (if applicable) _____

IN CASE OF EMERGENCY

CONTACT NO. 1

Name: _____

Telephone No. _____

Relationship: _____

CONTACT NO. 2

Name: _____

Telephone No. _____

Relationship: _____

**ALL INFORMATION ON THIS RESIDENT
INFORMATION SHEET IS TO REMAIN CONFIDENTIAL**