

OWNER INFORMATION UPDATE FORM

Corporation: _____

Property Address: _____ Unit Number: _____

The following information is required by the Corporation and for property management for the purpose of carrying out the objectives and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only. All received forms are deemed confidential, and shall not be shared, sold, or released to any third party without authorized access in any form that does not comply with the Federal Personal Information Protection and Electronic Documents Act Legislation.

1. OWNER RECORD

Name(s) of Registered Unit Owner(s): _____

Telephone: Home _____ Business _____ Cellular _____

Email No. 1: _____ Email No. 2: _____

Mailing Address: _____

(if different from property address)

2. TENANT RECORD (If applicable, check one): _____

Form 5 of Regulation 49 to the Condominium Act, 1998 is completed and attached here to indicate:

I (we) have entered into a lease on my (our) unit.

I (we) have renewed the existing lease on my (our) unit.

Please ensure a copy of the forms and/or the signed lease agreement is attached.

3. VEHICLE(S) RECORD

LICENSE PLATE NO.	PARKING SPOT	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOUR

4. EMERGENCY CONTACT

In case of an emergency, please contact: (Name): _____

Telephone # 1: _____ Telephone # 2: _____

5. EMERGENCY ASSISTANCE

The Ontario Fire and Building Code dictate that a record be kept of all persons requiring assistance in case of an emergency. Will any occupant of your suite require special assistance in an emergency? YES NO

Name of Person Requiring Assistance: _____

Reason for Requiring Assistance: _____

6. PET REGISTRATION *(if applicable – Please refer to the Corporation’s governing documents regarding pets before completing this section)*

Type of Pet (I.e. Dog or Cat)	Breed and Colour	Name

7. ELECTRONIC COMMUNICATION

Please check if notices required to be given to the owner may be sent by electronic mail, or other method of electronic communications: YES NO

Email No. 1: _____ Email No. 2: _____

Signature: _____ Date: _____

PLEASE COMPLETE AND RETURN THIS FORM TO THE MANAGEMENT OFFICE BY MAIL TO:
 CIE PROPERTY MANAGEMENT & CONSULTING INC.
 1 -192 MAIN STREET EAST, MILTON ON L9T 1N8
 OR
 SCAN AND EMAIL IT TO: INFO@TEAMCIE.CA