

TSCC 1698
OWNER/RESIDENT REGISTER
 ICC PROPERTY MANAGEMENT LTD.

1. OWNER RECORD

Name(s) of Registered Owner(s) of Unit # _____, _____ Mutual Street, Toronto, Ontario

Names of Other Residents: _____

Telephone: Home: _____ Business: _____ Cellular: _____

Email Address: _____

IF NON-RESIDENT, PLEASE GIVE YOUR NON-RESIDENT ADDRESS AND POSTAL CODE.

Telephone: Home: _____ Business: _____ Cellular: _____

WINTER CONTACT INFORMATION:

Address: _____

Telephone: Home: _____ Cellular: _____

2. TENANT RECORD

Name(s) of Tenant(s) _____ *email*

Telephone: Home: _____ Business: _____ Cellular: _____

3. VEHICLE(S) RECORD

LICENSE PLATE #	OWNER NAME	MAKE/MODEL	YEAR	SPACE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. LOCKER INFORMATION (if applicable)

1. Locker No: _____ Level: _____ Room: _____ 2. Locker No: _____ Level: _____ Room: _____

5. PETS Do you own a pet? _____ Please Specify: _____

6. EMERGENCY In case of emergency, contact: _____
 Telephone: _____

7. DISABLED PERSONS

The Fire Code dictates that a record be kept of all persons requiring assistance in case of an emergency. Will any occupant of your suite need special assistance in an emergency? No ___ Yes ___

Name of Disabled Person: _____

Nature of Disability: _____

Date: _____ Signature: _____

