

Unit Registry

The information submitted and contained herein is kept confidential and is for the purpose of the records of _____ Condominium Corporation No.

It is essential that this form be completed by all owners and returned to M.F. Property Management Ltd. via mail, fax, or hand delivery to:

M. F. Property Management Ltd.
373 Woolwich Street
Guelph, ON N1H 3W4
fax: 519-824-8836

Failure to return this form may result in the owners of your unit not being considered in quorum calculation at meetings and may disentitle the owners from voting at owners meetings. In addition, failure to return this form may disentitle the owners from being given notice of:

- any lawsuit started by the Corporation (other than a Small Claims Court action);
- any expropriation relating to the condominium property;
- any Planning Act applications, including notices or minor variances, severance, Official Plan amendment or rezoning with respect to neighbouring lands;
- any owners meetings.

CLOSING DATE: _____

To: _____ **Condominium Corporation No.**

The undersigned is/are the owner(s) of Unit# _____, _____, _____, ON

Registered Unit Owner Information

Print the full name of each owner of the foregoing unit	Signature of each owner	The full address for service for each owner must be set out beside each owner's name. (This is the address to which legal documents and notices should be sent).
1.		
2.		
3.		

Registered Unit Owner Contact Information

List all contact information	Are we authorized to contact you at each number? Please circle either yes or no.	
home phone:	yes	no
business phone: (name)	yes	no
cell phone: (name)	yes	no
email: (name)	yes	no
fax: (name)	yes	no
other: (name)	yes	no

Registered Unit Owner Emergency Contact/Vacation Information

I/we am/are away from: _____ to _____ each year. <div style="text-align: center; margin-top: -10px;"> <i>(departure date)</i> <i>(return date)</i> </div>
During this period, I/we can be reached at: address: telephone: cell: other:
A key for my/our unit is left with: name: _____ telephone: _____
In the event of an emergency, you may contact: name(s): _____
relationship: _____
home phone: _____
business phone: _____
cell phone/other: _____

Tenant Information (if applicable)

Print name of each tenant:	Telephone number of each tenant:
1.	home: _____ business: _____
2.	home: _____ business: _____
3.	home: _____ business: _____
4.	home: _____ business: _____

Resident Vehicle Information (this is the information for the person(s) living in the unit)

List the make/model of each resident vehicle:	List the license plate for each resident vehicle:
1.	
2.	
3.	
4.	