

## Unit Owner Information

**This information is kept confidential and is for the records of your condominium**

**Condominium Corporation No.** \_\_\_\_\_.

It is essential that this form be completed by all owners and returned to:

**MF Property Management Ltd.**  
28 Bett Court, Guelph, ON N1C 0A5.

*www.mfproperty.com*  
*mfprop@mfproperty.com*

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 corporation business, or receiving condominium information/correspondence. Upon submission, you will receive access to the Corporation's website.

**CLOSING DATE:** \_\_\_\_\_

**The undersigned is/are the owner(s) of:**

**Unit#** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, **Ontario,** \_\_\_\_\_  
*Address* *City* *postal code*

**If Applicable: Parking Space** \_\_\_\_\_ **Locker Number** \_\_\_\_\_

**Registered Unit Owner Information** *If more than two owners, please fill out an additional information sheet.*

Unit Owner Details and Contact Information	Print the full name of each owner of this unit	
Owner Name: _____	Home #: _____	Cell #: _____
Address for service (if different from unit address): _____	Other #: _____	
<b>Agreement to Receive Notices Electronically</b>		
Method the Corporation may use to deliver notices to me:		
<input type="checkbox"/> Email address: _____		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> I agree that I am sufficiently served as per Sect. 54 of the <i>Condominium Act, 1998</i> if the Condominium uses the method of delivering notices identified in this agreement.		
<i>Signature</i> _____	<i>Date</i> _____	

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<i>Signature</i> _____	<i>Date</i> _____	

**\*Please note we will only use your contact information listed above for corporation business, unless you advise us otherwise in writing, as per our Privacy Policy (available on website).**

**Registered Unit Owner Emergency Contact**

<b>In the event of an emergency, you may contact:</b> Name(s):	
My emergency contact has a key to my unit.	Yes / No
Relationship:	
Home phone:	
Business phone:	
Cell phone/other:	

**Tenant/Occupant Information** (if applicable)

<i>Print name and email address of each resident:</i>	<i>Telephone number of each resident:</i>	
1. <b>Name:</b>	Home:	Cell:
Email:	Other:	<input type="checkbox"/> Tenant <input type="checkbox"/> Occupant
2. <b>Name:</b>	Home:	Cell:
Email:	Other:	<input type="checkbox"/> Tenant <input type="checkbox"/> Occupant
3. <b>Name:</b>	Home:	Cell:
Email:	Other:	<input type="checkbox"/> Tenant <input type="checkbox"/> Occupant
4. <b>Name:</b>	Home:	Cell:
Email:	Other:	<input type="checkbox"/> Tenant <input type="checkbox"/> Occupant

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

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

**Evacuation Assistance Requirement** (if you require assistance in the event of building/property evacuation)

<b>Occupant/Resident Name(s):</b>
I/We will need assistance in the event that the building/property has to be evacuated. <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: (i.e. due to illness, physical disability, age etc.)