Unit Owner Information

This information is kept confidential and is for the records of your condominium
Wellington Standard Condominium Corporation No. 204

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

Five Rivers Property Management Group *www.fiveriverspm.ca*
28 Bett Court, Guelph, ON N1C 0A5. *ownerupdates@fiveriverspm.ca*

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.

The undersigned is/are the owner(s) of: Wellington Standard Condominium Corporation No. 204

Unit# _____ Aberdeen Street or _____ Tanton Avenue or _____ Westminster Crescent or _____ Riley Crescent, Fergus, Ontario, N1M 0C1/0C3/0C4/0B8

If Applicable: **Parking Space_____** **Locker Number_____**

CLOSING DATE: _____

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 #:
Agreement to Receive Notices Electronically Method the Corporation may use to deliver notices to me: Email address: _____ Other: _____ I agree that I am sufficiently served as per Sect. 54 of the *Condominium Act, 1998* if the Condominium uses the method of delivering notices identified in this agreement.		
Signature		*Date*

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 #:
Agreement to Receive Notices Electronically Method the Corporation may use to deliver notices to me: Email address: _____ Other: _____ I agree that I am sufficiently served as per Sect. 54 of the *Condominium Act, 1998* if the Condominium uses the method of delivering notices identified in this agreement.		
Signature		*Date*

***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).

Unit Management *(complete for permission to access/amend unit information)*

Management Company Name:
Contact Name:
Cell phone: Business phone: Email address:

Registered Unit Owner Emergency Contact

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

Tenant/Occupant Information *(if applicable)*

Print name *and* ***email address*** *of each resident:*	***Telephone number*** *of* ***each*** *resident:*	
1. **Name:**	Home:	Cell:
Email:	Other:	☐ Tenant ☐ Occupant
2. **Name:**	Home:	Cell:
Email:	Other:	☐ Tenant ☐ Occupant
3. **Name:**	Home:	Cell:
Email:	Other:	☐ Tenant ☐ Occupant
4. **Name:**	Home:	Cell:
Email:	Other:	☐ Tenant ☐ Occupant

Occupant 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.	

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

Occupant/Resident Name(s):
I/We will need assistance if the building/property must be evacuated. ☐ Yes ☐ No
If yes, please provide details: *(i.e. due to illness, physical disability, age etc.)*