VCC 15 Edgewater Condominiums

OWNER/RESIDENT INFORMATION

IMPORTANT: The Board of Directors require that this form be completed and returned no later than **June 30th** annually even if you believe your information has not changed. **Anytime there is a change, it is your obligation to inform the Corporation as soon as possible**. Thank you!

OWNER/OCCUPANT INFORMATION:

Name of Registered Owner(s):_____

Unit #: _____ Year Purchased: _____

Phone #: _____ ☐ Land Line ☐ Mobile → Belongs to: _____

Alternate #: _____ ☐ Land Line ☐ Mobile → Belongs to: _____

Address (if owner does not live here): _____
Street address, City or Town, Province, Postal Code

Name of Tenants (if applicable): _____

Phone #: _____ ☐ Land Line ☐ Mobile → Belongs to: _____

Alternate #: _____ ☐ Land Line ☐ Mobile → Belongs to: _____

RESIDENT VEHICLE(S) INFORMATION:

1. Make/Model: _____ Licence Plate: _____

2. Make/Model: _____ Licence Plate: _____

EMERGENCY CONTACTS:

☐ Resident ☐ Tenant

Name 1: _____ Relationship:_____

Phone #: _____ Alternate #: _____

Address: _____
Street address, City or Town, Province, Postal Code

Name 2: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Address: _____
Street address, City or Town, Province, Postal Code

PLEASE COMPLETE PAGE 2

MORTGAGE INFORMATION:

Do you have a mortgage on your condo unit? ☐ Yes ☐ No

If yes, Name of Bank or Lender: _____

Address: _____
Street address, City or Town, Province, Postal Code

INSURANCE INFORMATION:

Do you have insurance on your condo unit? ☐ Yes ☐ No

If yes, Name of Insurance Company: _____

Address: _____
Street address, City or Town, Province, Postal Code

Contact:_____ Phone #: _____ Policy #:_____

PET INFORMATION:

Are you a pet owner? ☐ Yes ☐ No

If yes, Breed: _____ Weight: _____ (must be less than 25 lb/11kg)

WINTER CONTACT INFORMATION (if different from page 1)

Address: _____
Street address, City or Town, Province, Postal Code

Phone #: _____ Email:_____

REMINDER: If you plan to be away for an extended period, please notify the Board of Directors at **bodvcc15@gmail.com** with contact information so you can be reached should an emergency situation arise in your unit. If during the winter, remember to leave your keys with a trusted neighbour so they can move your vehicle for snowplowing or leave your vehicle off site.

EMAIL NOTIFICATIONS:

I would like to receive board approved notices and communications by email ☐ Yes ☐ No

If yes, email address: _____

SIGNATURE:_____

Signature not required if submitted electronically

NOTES/COMMENTS: