

The information provided on this form is collected under the authority of the Personal Information Protection Act, section 2, and section 3(11). Any questions about the collection of this information may be directed to Imperial Properties at (800)976-1620.

Name of Condominium Corporation

Address of Property

Unit Number: _____ Possession Date: _____

Full Name: Dr. Ms. Mrs. Mr. _____

Phone: Home _____ Cell _____ Other _____

E-Mail: _____

Alternate Mailing Address (if applicable):

Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address: Send to Main Address Send to Alternative Address

Occupant's Name If Different from Owner:

Dr. Ms. Mrs. Mr. _____

In The Event of an Emergency, Please Contact: (Non-Resident)

Name: _____ Phone: _____

Relationship to you: _____

Are you a Board Member? Yes No

Other Information:

Telephone Number for Entry Pad programming _____
Number

Pre-Authorized Payment Form is Attached Yes No

Assigned Parking Spot # (if Applicable) _____

Assigned Locker # (if Applicable) _____

Signed: _____

Date: _____