

# Suite, Owner & Resident Information



Your updated and current information is important to us so we may communicate and coordinate all of your community services for you. Please fill in the following information and return to your Property Management Office.

## Suite Information

Suite: \_\_\_\_\_ Community: \_\_\_\_\_ Date: \_\_\_\_\_  
Parking(s): \_\_\_\_\_ Locker(s)/hobby room(s): \_\_\_\_\_  
Credential Info: \_\_\_\_\_ Credential Info: \_\_\_\_\_  
Residency Status:    Owner Occupied            Tenant Occupied            Other

## Owner Information *(Name(s) of all registered suite owners)*

Name: \_\_\_\_\_ Residing in suite:    Yes            No  
*(primary owner)*  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Residing in suite:    Yes            No  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Primary Address for Service *(if different from community)*

Suite #	Street # & Name	City	Prov/State	Country
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## Power of Attorney / Designate Information *(if applicable)*

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Copy of Power of Attorney / Designate Agreement / Letter:    Yes            No  
Notes / Comments: \_\_\_\_\_

## If Leasing / Renting Your Suite

Managed By:            Owner            Yes            No            Other: \_\_\_\_\_  
*(Provide Name of Rental Company & Leasing Agent)*  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Copy of Lease Provided: \_\_\_\_\_

## Resident Information

Name: \_\_\_\_\_

Indicate if:    Owner            Family Member            Tenant            Child            Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

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Name: \_\_\_\_\_

Indicate if:    Owner            Family Member            Tenant            Child            Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

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Name: \_\_\_\_\_

Indicate if:    Owner            Family Member            Tenant            Child            Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

## Vehicle Registration

Make / Model: \_\_\_\_\_ Colour: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Make / Model: \_\_\_\_\_ Colour: \_\_\_\_\_ Licence Number: \_\_\_\_\_

## Resident(s) Requiring Special Assistance

Do you or someone residing in your suite require assistance in the case of an emergency?

Yes                                  No

If yes, please complete the extended Special Assistance form located within BuildingLink or available through your Property Management office.

## Emergency Contact

Name: \_\_\_\_\_ Residing in suite:    Yes            No

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Pet Registration

Do you or someone residing in your suite own a pet?      Yes                              No

If yes, please complete the extended Pet Registration form located within BuildingLink or available through your Property Management office.

## Suite Entry Permission (Corporation Access):

I/We, \_\_\_\_\_ of suite number \_\_\_\_\_ do hereby authorize \_\_\_\_\_ and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the duties and responsibilities of the Condominium Corporation and its Property Managers and hereby release \_\_\_\_\_ and its duly authorized agents and employees from any present or future liability for such entry or entries. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required.

## Parcel Delivery:

I, \_\_\_\_\_ of suite number \_\_\_\_\_ do hereby authorize \_\_\_\_\_ And its duly authorized agents and employees to accept small packages (Not to exceed 30 Lbs.), which must be signed for, on my behalf. In so doing I release \_\_\_\_\_ And its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver shall include Parcels/Packages/Flowers/Medicine or other items that can be stored safely for a period of 48 hours. Please note that items received are not stored in a refrigeration system. The Condominium Corporation and its authorized agents are not authorized to accept registered mail.

This Authorization will remain in effect until I notify \_\_\_\_\_ in writing to the contrary.

## Your Personal Information

Del Property Management Inc. ("Del") respects your right to privacy. As such, we will not knowingly disclose personal information to any third parties without your consent. By signing below, the undersigned (on their behalf and on behalf of all family members occupying the Suite) consent to the collection, use and disclosure by Del of any personal information of the owners submitted by them or collected by Del in its dealings with the owners and the Suite, for the purposes of Suite management, and for utility monitoring/reading and as required for the developer's customer care and warranty programs, and the disclosure of personal information may also be made to any companies that are members of the Tridel Group of Companies, including, rental management companies, suite accommodation companies, companies providing residential brokerage services, and companies developing condominium projects that may be of interest to the owners or members of their family, for the limited purposes of marketing/selling various products and/or services. Only such personal information as is necessary for such purposes may be disclosed by Del.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

While every effort is taken to ensure accuracy of all data neither the Condominium Corporation, Del Property Management Inc., nor any of their respective directors, officers or agents will be held liable for inaccurate, incomplete or outdated information. Del Property Management Inc. is committed to your privacy, to view our privacy policy please visit <http://www.delpropertymanagement.com/privacy.php>. Del and design are registered trademarks of Tridel Corporation. Used under licence. December 2022.