RESIDENT INFORMATION

THE GRANGE POINTE Condominium Corporation 042 5217

IN ORDER TO ENSURE THE ACCURACY OF THE CORPORATIONS RECORDS, PLEASE FILL IN THIS FORM AND RETURN TO KDM MANAGEMENT INC.

DATE:	RE: LEGAL UNIT #
NAME OF OWNER(S):	
MAILING ADDRESS OF OWNER(S):	
SUITE#: PHONE #s: RESIDENCE	::BUSINESS:
CELL:E-MAIL	<u> </u>
NAME TO APPEAR ON INTERCOM:	
TEL # INTERCOM TO BE PROGRAMMED T	TO:
ARE YOU LIVING IN THE SUITE:	(YES/NO)
KEY FOB#:	:
KEY FOB#;	;
VEHICLE INFORMATION:	
LICENSE #:	LICENSE #:
MAKE/MODEI	L: MAKE/MODEL:
COLOUR:	COLOUR:
STALL#:	STALL #:
IF YOU OWN A PET OR PETS PLEASE FI	LL IN THE FOLLOWING:
TYPE OF ANIMAL(S):	(DOG, CAT, BIRD, AQUARIUM ETC.)
DESCRIPTION/BREED:	
SIZE:	COLOUR:
EMERGENCY CONTACT:	
NAME:	PHONE #
ADDRESS:	RELATIONSHIP:
DOES THIS PERSON HAVE A UNIT KEY?	YES: NO:
IF YOU HAVE A TENANT LIVING IN THI	S UNIT, PLEASE FILL IN THE FOLLOWING:
NAME OF OCCUPANT(S):	
PHONE #s: RESIDENCE:	BUSINESS: