

## ELLIPSE I / II

### RESIDENT REGISTRATION FORM

SUITE NO: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

NAME OF REGISTERED OWNER(S): 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- ( ) **Off-Site Owner / Absentee** (Please complete Section A and B. Tenant must complete Section C.)
- ( ) **On-Site Owner** (Please complete Section B and C. Section A is optional.)
- ( ) **Tenant** (Please complete Section C. A copy of lease agreement **AND** the Occupancy Undertaking Form **MUST** be provided. Owner must complete Section A.)

Lease Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**SECTION A: OWNER'S ALTERNATE ADDRESS FOR SERVICE**

Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Business No: \_\_\_\_\_

**SECTION B: FOR OWNERS ONLY**

Power of Attorney (if any) \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

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

Home Tel. No: \_\_\_\_\_ Business Tel. No: \_\_\_\_\_

Mortgage: \_\_\_\_\_

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

**SECTION C: SUITE OCCUPANT(S) INFORMATION**

Name of Occupant(s) / Tenant(s)	Gender	Business No.	Cell No.
(1)			
(2)			
(3)			
(4)			
(5)			

Home Tel. No: \_\_\_\_\_ Pager No: \_\_\_\_\_

**SECTION C: (Continued)**

**EMERGENCY CONTACT INFORMATION**

Emergency Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Does anyone in the unit require special assistance during an emergency situation (i.e. evacuation) If yes, please indicate name and details below.

Comments: \_\_\_\_\_

Pets (if any): \_\_\_\_\_ Colour: \_\_\_\_\_ Weight: \_\_\_\_\_

**Note: Tenants are not allowed pets according to the Corporation's Declaration and Disclosure statements.**

**VEHICLE INFORMATION**

Model/Year	Plate No.	Color
(1)		
(2)		
(3)		

ACCESS CARD NO: \_\_\_\_\_  
\_\_\_\_\_

REMOTE NO: \_\_\_\_\_  
\_\_\_\_\_

***For Office Use Only***

PARKING SPOT(S) NO: \_\_\_\_\_ DECAL TAG NO: \_\_\_\_\_

PARKING SPOT(S) NO: \_\_\_\_\_ DECAL TAG NO: \_\_\_\_\_

LOCKER NO: \_\_\_\_\_ ROOM NO: \_\_\_\_\_

LOCKER NO: \_\_\_\_\_ ROOM NO: \_\_\_\_\_

*This registration form must be completed and returned to the Management Office as soon as possible. The Access Card will not be operating until this form is processed by the Management Office.*

**If at any time the above information changes please notify the Management Office immediately. Please keep us informed so that we can keep you informed.**