

**HALTON CONDOMINIUM CORPORATION NO. 504
THE BAXTER
OWNER INFORMATION FORM**

OWNER INFORMATION

NAME _____ SUITE NO _____

MOVE IN DATE _____ NEW OWNERS / CLOSING DATE _____

HOME PHONE _____ BUSINESS PHONE _____

EMERGENCY CONTACT _____
**NAME / ADDRESS &
PHONE NUMBER** _____

EMAIL ADDRESS: _____

OWNER ADDRESS (if applicable/ please provide your mailing address)

Number and Street Name: _____

City and Postal Code: _____

NAMES OF ALL RESIDENTS IN SUITE

1. _____ 2. _____

3. _____ 4. _____

PETS INFORMATION _____

WEIGHT INFO (Kg): _____ (In case of emergency I will be able to carry my pet) **YES** **NO**

VEHICLE INFORMATION

1. Parking Space: _____ Vehicle Model: _____ Vehicle License: _____ Sticker: _____

2. Parking Space: _____ Vehicle Model: _____ Vehicle License: _____ Sticker: _____

LOCKER: 1. _____ 2. _____

If you require assistance during an emergency please indicate the Medical Problem:

SIGNATURE: _____ **DATE:** _____