

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

RESIDENT INFORMATION

NAME _____ SUITE NO _____

MOVE IN DATE _____ NEW OWNERS / CLOSING DATE _____

HOME PHONE _____ BUSINESS PHONE _____

EMAIL: _____

TENANT INFORMATION (if applicable/ Please provide information of Lease and Landlord information)

Landlords Name & Address _____
And Phone Number _____

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 # _____

2. Parking Space # _____ Vehicle Model _____ Vehicle License # _____

LOCKER # 1. _____ 2. _____

ACCESS CARD/REMOTE # 1. _____ 2. _____ 3. _____ 4. _____

EMERGENCY CONTACT _____
NAME / ADDRESS & _____
PHONE NUMBER _____

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

SIGNATURE: _____ **DATE:** _____