

Kidd's Creek Condominium
Simcoe Condominium Corp #11
28 Donald St. Barrie ON, L4N 4S6

OWNER INFORMATION FORM

THE FOLLOWING INFORMATION IS REQUIRED FOR OUR MANAGEMENT INFORMATION OFFICE FILES IN THE EVENT OF ACCIDENT, FIRE OR OTHER CATASROPHIC EVENT. PLEASE FILL OUT AND RETURN TO:

BAYSHORE PROPERTY MANAGEMENT
P.O. BOX 606
BARRIE, ON, L4M 4V1

THIS INFORMATION MUST BE RECEIVED WITHIN 10 DAYS OF PURCHASE.

THIS INFORMATION WILL REMAIN IN OUR FILES ON A CONFIDENTIAL BASIS.

UNIT NO: _____

OWNER NAMES: _____

OWNER PHONE: HOME: (____) ____-____ WORK: (____) ____-____
CELL: (____) ____-____

OWNER'S MAILING ADDRESS IF DIFFERENT FROM UNIT:

STREET: _____

CITY: _____ **POSTAL CODE:** _____

NAMES OF PEOPLE LIVING IN UNIT:

_____ ADULT ___ ADOLECENT ___ CHILD ___

DO ANY OF THE ABOVE PERSON REQUIRE SPECIAL ASSISTANCE OR HAVE SPECIAL NEEDS DUE TO AGE, DISABILITY OR MEDICAL CONDITION? IF SO, PLEASE INDICATE WHICH PERSON (S) _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

PETS: HOW MANY DOGS: ____ **CATS:** ____ **OTHER:** ____ (SPECIFY)_____

VEHICLE #1 MAKE:_____ COLOUR_____ LIC#_____ PROV_____

VEHICLE #2 MAKE:_____ COLOUR_____ LIC#_____ PROV_____

PROPERTY INSURANCE: POLICY NO: _____

NAME OF INSURANCE COMPANY: _____

INSURANCE BROKER: _____

STREET: _____

CITY: _____ PROV: _____ P.C. _____

MORTGAGE INFORMATION: MORTGAGE NO: _____

NAME AND ADDRESS OF BANK OR MORTGAGE COMPANY:

STREET: _____

CITY: _____ PROV: _____ P.C. _____

SIGNATURE:

I ASSURE THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT

NAME: (PRINT) _____

SIGNED: _____

DATED: _____ / _____ / _____
MONTH DAY YEAR

IT IS THE OWNER'S RESPONSIBILITY TO INFORM MANAGEMENT IF THE UNIT IS TO BE RENTED AND ADDITIONAL INFORMATION REQUIRED BY THE ONTARIO CONDOMINIUM ACT 1998 MUST BE COMPLETED AND RECEIVED WITHIN 10 DAYS OF RENTAL

INFORMATION IS AVAILABLE IN THE RULES AND REGULATIONS AND FORMS MAY BE OBTAINED AT www.kiddscreekcondo.ca