



## OWNER/TENANT INFORMATION FORM

Please fill in this form and return it to Read Property Management.

### OWNER INFORMATION

Name(s): \_\_\_\_\_ Unit: \_\_\_\_\_

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

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### VEHICLE INFORMATION

Make / Model: \_\_\_\_\_ Colour: \_\_\_\_\_

License Plate: \_\_\_\_\_

Parking Space: \_\_\_\_\_ Indoor/Outdoor: \_\_\_\_\_

Make / Model: \_\_\_\_\_ Colour: \_\_\_\_\_

License Plate: \_\_\_\_\_

Parking Space: \_\_\_\_\_ Indoor/Outdoor: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you require physical assistance in case of emergency?: \_\_\_\_\_

Who requires the assistance?: \_\_\_\_\_

General information or notes you feel are helpful for management to know: