

STATISTICAL FORM - CONDOMINIUM

CONDOMINIUM CORPORATION: _____

ADDRESS: _____

YOUR UNIT NUMBER: _____ Owner Occupied Tenant Occupied

OWNER'S NAME: _____

MAILING ADDRESS: _____

Home Telephone #: _____ Cell. Telephone #: _____

** Emergency Contact #: _____

Email Address: _____

Additional Info: _____

IF THE UNIT IS LEASED

TENANT NAME: _____

CONTACT NAME: _____

Email Address: _____

Home Telephone #: _____ Cell. Telephone #: _____

** Emergency Contact #: _____

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**CONSENT TO RECEIVE NOTICES
VIA ELECTRONIC MAIL OR OTHER ELECTRONIC COMMUNICATION**

The undersigned, being the Owner(s) of unit # _____, municipally known as _____
in the city of _____ hereby consent to receiving notices from the Corporation pursuant to
Section 47 of the *Condominium Act, 1998*, including notices of meetings, Annual General Meetings and other notices or
communications from the Management by electronic mail or other electronic communication at the following email
address: _____

(please print clearly)

Signature of Owner
Print Name:

Signature of Owner
Print Name: