



Riverside Square- 15 Baseball Place - Owner and Resident Registration Form Please print clearly and complete all sections below.					
Suite:	Date:		<input type="checkbox"/> <input type="checkbox"/>	On-Site Owner Off-Site Owner	
Owner Information					
Owner Name:			Phone:		
Email:					
Owner Name:			Phone:		
Email:					
Owner Name:			Phone:		
Email:					
Owner's Offsite Address:					
Resident Information					
(Non-owner and non-tenant residents)					
Resident Name:			Phone:		
Email:					
Resident Name:			Phone:		
Email:					
Vehicle Information					
Parking Spot	Year	Make	Model	Colour	License Plate
Do you require assistance in an emergency situation?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of disability or assistance required?				



Who Should We Contact in an Emergency?				
Name:		Phone:		Relationship:
Pet Information				
Type (dog, cat)	Breed	Colour	Weight	Name
Tenant Information				
Tenant Name:			Phone:	
Email:				
Tenant Name:			Phone:	
Email:				
Tenant Name:			Phone:	
Email:				
Tenant Name:			Phone:	
Email:				
Lease Information				
(Please attach a copy of your lease)				
Lease Start Date:	Lease Term:	<input type="checkbox"/> Copy of lease attached or emailed		

Primary Resident Owner(s) Signature: _____ Date: _____
 Please notify the property manager in writing when any of the above information changes. Keep us informed so that we can keep you informed.