



YCC 50 Owner (s) /Resident (s) Information Form

For the safety and security of all residents, YCC 50 (“the Corporation”) requires **current information** on all occupants of the property. Please complete the form below and return it to the on-site Management office or email it to ycc50.info@gmail.com. All contact information collected, is in accordance with requirements as per the Condominium Act and will be kept strictly confidential.

This form should be completed **only** by the Owner(s).

Date: _____ Unit No.: _____ Building No.: _____

HOMEOWNER (s): Last Name _____ First Name _____

Owner (s) address: _____

Telephone #: (____) _____ Cell.: (____) _____ Email: _____

Resident(s):

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Telephone #: (____) _____ Cell.: (____) _____ Email: _____

Owner/resident(s) who require special assistance in emergency:

Last Name _____ First Name _____

Telephone #: (____) _____ Cell.: (____) _____ Email: _____

Emergency Contact:

Last Name _____ First Name _____

Telephone #: (____) _____ Cell.: (____) _____ Email: _____

Vehicle:

License Plate # _____ Make: _____ Model: _____

Note that should you need an extra parking, the **Owner** should contact Management Office to rent one from the Corporation.

Owner's signature: _____