

**UNIT OWNER REGISTRATION FORM**

**SIMCOE CONDOMINIUM CORPORATION NO. \_\_\_\_\_**

DATE: \_\_\_\_\_ UNIT #: \_\_\_\_\_ (Not legal description)

OWNER(S) NAME: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

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**TELEPHONE NUMBERS:**

CONDO: (\_\_\_\_\_) \_\_\_\_\_

BUS: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

HOME: (\_\_\_\_\_) \_\_\_\_\_

BUS: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER: \_\_\_\_\_

FAX: \_\_\_\_\_

ALTERNATIVE AND/OR SEASONAL ADDRESS: \_\_\_\_\_

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PETS (Please give identifying description): \_\_\_\_\_

**VEHICLE INFORMATION**

1) MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
LICENCE No. \_\_\_\_\_

2) MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
LICENCE No. \_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ALARM: YES  NO  CODE# \_\_\_\_\_

**Please complete the above information and forward to the management office at:  
470 Mariner's Way, Collingwood, Ontario L9Y 5C7 or Fax to (705) 445-5228**

**Keep us informed of any changes to the above information.**

## **Owner / Renter – Authorized Residents**

### **Authorized Residents**

<b>First Name</b>	<b>Last Name</b>	<b>Relationship to Tenant</b>	<b>Date of Birth (full birthdates of children under 18)</b>	<b>Licence Plate</b>

### **Notes**

1. Full birthdates only required for children under the age of 18.
2. Enter only the names of people who are authorized to use your unit.
3. Only authorized residents may use the facilities.
4. Do not put the first listed unit owner/renter on this page. Add all additional residents.
5. Reference relationship to the first listed unit owner/renter.
6. If an authorized resident is listed as owner on title, please put “owner” in relationship.
7. Enter the appropriate licence plate for each authorized resident if applicable.
8. Guests must be accompanied by an authorized resident.