

The Crystelle

OWNER REGISTRATION FORM

Unit: _____

Locker No.: _____ Ring No.: _____

Owner's Name: _____

Address: _____

City, Province: _____

Code: _____

2nd address if applicable: _____

City, Province: _____

Code: _____

Telephone Residence: _____ Telephone Work: _____

In case of emergency please contact: _____

Telephone: _____

Parking Space: _____ Plate: _____ Make/model: _____

Parking Space: _____ Plate: _____ Make/model: _____

Name of tenant if unit rented: _____

Tenant telephone: _____

Please list the names of any occupants who may require assistance in case of fire/evacuation:

I covenant and agree that I, the members of my household, and my guests from time to time, will in using the unit owned/rented by me and the common elements, comply with the Condominium Act, the Declaration, the By-Laws and Rules of the Corporation during the term of my ownership/tenancy.

Date: _____

Signature: _____