

TENANT INFORMATION FORM

TENANT INFORMATION

CONDOMINIUM NAME:

Unit Number:

Move in Date:

Tenant Name:

Primary Phone:

Work Phone:

Email:

I authorized the Condominium Corporation to use my email address for notice purposes, pertaining to my unit and the Corporation.

Tenant Name:

Primary Phone:

Work Phone:

Email:

I authorized the Condominium Corporation to use my email address for notice purposes, pertaining to my unit and the Corporation.

EMERGENCY CONTACT

Contact Name:

Phone Number:

VEHICLES INFORMATION

Make

Model

License

Make

Model

License

PETS *(All pets must be approved by the Board, please refer to your condominium bylaw/policy)*

Type

Breed

Color

Age

Type

Breed

Color

Age

Please complete the form and return to:

Skyline Property Management Inc.
418, 9945 - 50 Street
Edmonton, Alberta T6A 0L4

Phone: 780-577-1761
Fax: 780-328-6488
Email: reception@skylineproperty.ca