



RESIDENT INFORMATION SHEET

To update your records with the most accurate information, please complete this form and return it to our office,

*IF YOUR UNIT IS TENANTED, PLEASE ENSURE THAT A COMPLETED **FORM K** IS SUBMITTED TO OUR OFFICE.

Building Name: _____	Building Address: _____	Unit #: _____
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Registered owner: _____ Email address: _____ Reside at building? <input type="checkbox"/> Y <input type="checkbox"/> N - If not, please provide a mailing address below Address: _____	Phone: (Check off main contact #) Cell: _____ Home: _____ Work: _____
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Registered owner: _____ Email address: _____ Reside at building? <input type="checkbox"/> Y <input type="checkbox"/> N - If not, please provide a mailing address below Address: _____	Phone: (Check off main contact #) Cell: _____ Home: _____ Work: _____
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Emergency contact: _____ Relationship to owner: _____ Does this person hold keys? <input type="checkbox"/> Y <input type="checkbox"/> N	Phone: (Check off main contact #) Cell: _____ Home: _____ Work: _____
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Keyholder(s) for emergency access to unit: _____ _____	Phone: (Check off main contact #) Cell: _____ Home: _____ Work: _____
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Name of Occupant(s): _____ (If applicable) _____ _____	Phone: (Check off main contact #) Cell: _____ Home: _____ Work: _____
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Name of Tenant(s): _____ (If applicable) _____ (Please submit Form K) _____	Phone: (Check off main contact #) Cell: _____ Home: _____ Work: _____
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Name(s) for Enterphone: _____	Number for Enterphone: _____	<input type="checkbox"/> Long Distance <input type="checkbox"/> Local
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How can we make your life easier?

For our privacy policy please refer to our website.

PROLINE MANAGEMENT LTD.

201 – 20 Burnside Road West, Victoria, BC V9A 1B3 | T: 250.475.6440 F: 250.475.6442
 Westshore: 250.915.8888 | Nanaimo: 250.754.6440 | www.prolinemanagement.com