



RESIDENT INFORMATION

Please fill out the following information so can ensure that that Huron Shores Property Management has the correct information.

OWNER CONTACT INFORMATION

Name: _____
Email Address: _____
Phone Number: _____
Emergency Contact & Relationship: _____
Emergency Contact Phone Number: _____

RESIDENTIAL INFORMATION

Address: _____
City: _____ Province: _____
Postal Code: _____
Condo Corporation Number (if applicable): _____

Do you own this unit? If not, please list the name of the property owner _____

Do you live at the address above? If not, please list your primary address.

Address: _____
City: _____ Province: _____
Postal Code: _____

VEHICLE INFORMATION

Make / Model: _____	Make / Model: _____
Year: _____	Year: _____
Colour: _____	Colour: _____
License Plate: _____	License Plate: _____

I understand that the information provided will be used for the management of the property and in case of emergencies. I confirm that all the information provided above is correct.

Signature: _____ Date: _____

Please email documents to huronshores@hspm.ca. Any questions, please let us know.