

MAY TOWER II- RESIDENT REGISTRATION FORM**SUITE #:** _____**PLEASE CHECK IF YOU ARE: OWNER** ☐ **OR TENANT** ☐**Primary Resident (1)** _____
First Last NameI or my family have been lived here since _____, 20____.
Mon Year

Contact Details:-

Home Tel: () _____ Work Tel: () _____

Cellphone: () _____ Email: _____

Other Resident (living in-suite)**Resident (2)** _____
First Last Name

Cellphone: () _____ Email: _____

Resident (3) _____ **Resident (4)** _____**Resident (5)** _____ **Resident (6)** _____**Existing Keyfob Number:** _____**Vehicle Information**

Parking Spot (1) _____ Vehicle Make/Model _____ Colour: _____ Lic Plate #: _____

Parking Spot (2) _____ Vehicle Make/Model _____ Colour: _____ Lic Plate #: _____

Emergency Contact & Other Relevant Information

Name _____ Tel (Home) _____ (Work/Cell) _____

Is there any person(s) needing assistance during emergency? Yes _____ No _____

Name (A) _____ Type of problem _____

Name (B) _____ Type of problem _____

PET (S) YES _____ NO _____ IF YES, TYPE OF PET: _____ Weight: _____**Non-Ambulatory Record:** Name: _____ Nature: _____**Other Information, if any:** _____**PLEASE MAIL OR FAX THIS FORM TO:****MAY TOWER II MANAGEMENT OFFICE**
11 LEE CENTRE DR, SCARBOROUGH, ON M1H 3J5 131
TEL: 416-289-9885 | FAX: 416-289-1449
Email: manager@maytower.ca**Management Office:** Tel. (416) 289-9885 Fax. (416) 289-1449**Concierge Office:** Tel. (416) 289-2157**Website:** www.maytower.ca