Metropolitan Toronto Condominium Corporation NO. 1013 3231 / 3233 Eglinton Ave E, Toronto, ON

Suite No:			AT: Building	A or B
Registered Owner Information: ONS	SITE Owner or	OFFSITE Own	ner	
First Name:	Las	st Name:		
Numbers: (H):	(C):		(W):	
Email:				
First Name:	Las	st Name:		
First Name:Numbers: (H):	(C):		(W):	
Email:				
Registered Owner's Offsite Address o	f Service:			
Tenant (Occupant) Information (If ap	plicable):			
First Name:	Las	st Name:		
Numbers: (H):	(C):		(W):	
Email:				
First Name:	Las	st Name:		
Numbers: (H):	(C):		(W):	
Email:				
Garage Remote No.: (1)	(2)		(3)	
FOB/Swipe Card No.: (1)	(2)_		_ (3)	
Parking and Locker Information:		Locker Number:		
Vehicle Make:	Colour:	Loc. No	. Park	sing Spot:
Vehicle Make:				
D. / I. 6. / / T.			*** * 1	
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1 ype			_ weigh	ı
Does anyone in your unit require assist yes please specify:				or No
Emergency Contact Information: Name:		Number	:	
Owner Signature:		Date:		
Where a tenancy exists, owner agrees the	nav hava provida	d thair tanant with a co	ony of the Declar	ration By Laws

Rules of the corporation and have established such as part of the tenancy agreement.

Mail: GPM Property Management, Unit 5 - 242 Applewood Crescent, Concord ON L4K 4E5

Telephone: 416.269.5100 Email: management@guildwoodterrace.com

After Hours Emergency: (905) 669.0222