## **Tenant Information form:**

Date:	/	/ Unit Number:
OWN	ER(S) INFORMA	TION
Owne	er(s) Name(s):	1)
		2)
		3)
TENA	NT INFORMATI	ON: (Complete if unit is leased)
Name	e(s) of Resident	s):
1)		
2)		
Resid	ents' Telephon	Numbers:
1)	Home:	Office:
	Cell:	Email:
2)	Home:	Office:
	Cell:	Email:
	` '	n an emergency:
Phon		AU II.
Day:		Night:
2) Na	me:	
Phon		
Day:		Night:
Сору	of lease attach	ed: (Please check one)
		Will be submitted within 3 business days
		lum attached: (Please check one)
		Will be submitted within 3 business days

This form must be filled out to the best of your ability and return to Realty Canada as soon as possible. Realty Canada can be found at 4478-97 Street, Edmonton, Alberta T6E 5R9 Fax# 780-437-5474. All information gathered is for the sole purpose of the Peace Grove Estates Condominium Association in order to keep our records current and in the event of an emergency and will not be shared with anyone unless consent is provided. Realty Canada is acting as an agent for the Peace Grove Estates Condominium Association.