



ALPHA OMEGA PROPERTY MANAGEMENT

UNIT OWNER INFORMATION FORM

The following information is required for our management office files. Please fill out and return to:
Danielle.aopm@gmail.com or tara.aopm@gmail.com

Owner Names: _____

Address: _____

Telephone #: _____ (Home) _____ (Work)

E-mail

Date of Closing: _____

Mailing Address if Different from Unit: _____

Pets: _____

Make of Vehicle 1) _____ Color _____ Plate# _____

Make of Vehicle 2) _____ Color _____ Plate# _____

Locker No. _____ Parking No. _____

Emergency Contact

Name: _____ Phone# _____

Mortgage Company _____ Phone# _____

Tenant Information (If the unit is to be leased/rented)

Tenant Names: _____

Tenant Phone #: _____ (Home) _____ (Work)

In accordance with Section 83 of the Condominium Act, 1998 please provide the Corporation with a copy of the lease agreement. You are also responsible for providing your tenants with a copy of the Condominium Corporations rules and by-laws and to ensure their compliance.