

## CONFIDENTIAL OWNER INFORMATION UPDATE

## **The Condominium Managers**

Unit 2-1271 Sargent Avenue, Winnipeg, MB R3E oG3 Phone 204-489-9510 Fax 204-975-1540

www.brydgespm.com

## PLEASE COMPLETE THIS FORM AND RETURN TO THE MANAGEMENT OFFICE

	WINNIPEG CONDOM	INIUM CORPORATION NO. <u>266</u>
ow	NER INFORMATION UPDA	ΓE, as of
(a)	Condo Address:	(date)
(b)	Registered Owner(s) (as registe	ered on title):
Nar	me:	Telephone
Em	ail:	
Nar	me:	Telephone
Em	ail:	
Nar	me:	Telephone
Em	ail:	
		you are consenting in writing to receiving AGM and/or SGM n 285(1) of the Condominium Act.
(c)	Name(s) of all other Residents	
		Telephone
		Telephone
		Telephone
NO	N-RESIDENT OWNER INFO	RMATION (Please inform our office of any tenancy changes)
(a)	Off site address:	
(b)	Address in which corresponden	ce is to be sent to if different than condo address above:

	anaged? If so, by whom:	
Name:		
Telephone:	Email:	
(d) Name of Tenant:		
Telephone:	Email:	
Name of Tenant:		
Telephone:	Email:	
STORAGE LOCKER (if applical	ole) Floor# Locker#	
PARKING		
Exclusive Use Stall #:	Rental Parking Stall #:	
Car Plate #:	Colour/Make:	
IF APPLICABLE		
Permanent Winter Residence:	Permanent Summ	ner Residence:
	<del></del>	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of		
EMERGENCY CONTACT(S)  Person(s) to contact in the event of	of an emergency:	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of the Name:	f an emergency: Name:	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of	f an emergency: Name: Relationship:	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of the Name:  Relationship:	f an emergency: Name: Relationship: Email:	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of the event o	f an emergency: Name: Relationship: Email:	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of Name:  Relationship:  Email:  Telephone:	of an emergency:  Name:  Relationship:  Email:  Telephone:	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of Name:  Relationship:  Email:  Telephone:  FIRE DEPARTMENT  Do you require assistance in case of PLEASE COMPLETE THE FOUNDSUITE ALARM:	of an emergency:  Name: Relationship: Email: Telephone: No OLLOWING SECTIONS IF APPLICAL	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of the Name:  Relationship:  Email:  Telephone:  FIRE DEPARTMENT  Do you require assistance in case of the PLEASE COMPLETE THE FOR	of an emergency:  Name: Relationship: Email: Telephone: No OLLOWING SECTIONS IF APPLICAL	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of Name:  Relationship:  Email:  Telephone:  FIRE DEPARTMENT  Do you require assistance in case of PLEASE COMPLETE THE FOUND INSUITE ALARM:  I/we have an INSUITE ALARM:	of an emergency:  Name: Relationship: Email: Telephone: No OLLOWING SECTIONS IF APPLICAL	
EMERGENCY CONTACT(S)  Person(s) to contact in the event of Name:  Relationship:  Email:  Telephone:  FIRE DEPARTMENT  Do you require assistance in case of PLEASE COMPLETE THE FOUND INSUITE ALARM:  I/we have an INSUITE ALARM:	f an emergency:  Name: Relationship: Email: Telephone: NO DLLOWING SECTIONS IF APPLICAL MES_NO_ Of persons who have code alarm code:	

Thank you for completing this form. Please return it by mail to:  ${\tt BRYDGES\ PROPERTY\ MANAGEMENT}$ 

Unit 2-1271 Sargent Avenue, Winnipeg MB R3E 0G3