



LUDGATE MANAGEMENT SERVICES INC.

# Condominium Owner Information

## Legal Owner(s) Personal Information

Date		
Do you reside at the Property (please type or circle one)	Yes      No	Do you rent? (please circle/type one) (if yes, please fill out the Tenant Info. form)
Last Name(s)		First Name(s)
Mailing Address (including unit#, if applicable)		
City	Province	Postal Code
<b>CORPORATION #</b>		
Condominium Property Address: (if different from above)		
City	Province	Postal Code
Home#	Cell#	Work#
e-mail address		

Do you agree to receive electronic notices at the email provided?      Yes \_\_\_\_\_ No \_\_\_\_\_

## License Plate Information

Vehicle Make/Model/Colour	License Plate No.
Vehicle Make/Model/Colour	License Plate No.
Property Owner(s) signature	Dated
Please send completed application to: Ludgate Management Services Inc. P.O. Box 46110 Beacon Hill Gloucester, ON, K1J 9M7	E-mail to: <a href="mailto:admin@ludgatemanagement.ca">admin@ludgatemanagement.ca</a> Phone No. 613-791-2258

BE ADVISED THAT ANY INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

I certify that the information provided in this document is complete and accurate. I understand that my failure to provide complete and accurate information or to meet owner(s) requirements may result in not receiving important Condominium Documentation. I will also abide by the Corporations rules and regulations as per the Declaration and Condominium Act, 1998. If you have advised that you do reside off-site it is the legal owner's responsibility to make sure that they fill out an absentee owner form and the tenants are aware of any rules and regulations relating to the Condominium Corporation.