



OWNER'S INFORMATION

DATE: _____

Condo Name: _____, **Corporation No.:** _____.

OWNER INFORMATION – Unit No(s): _____, Stall No(s): _____

Owner's Name(s): _____

Phone No(s): _____

Email(s): _____

Mailing Address: _____

Preference to receive our correspondence (Check one): Via **E-mail** _____ or via **Regular Mail** _____

TENANT INFORMATION (If any)

Name(s): _____

Phone No(s): _____

Email(s): _____

RENTAL MANAGEMENT (If any)

Name(s): _____

Phone No(s): _____

Email(s): _____

CONTACT(S) IN CASE OF EMERGENCY (Other than mentioned above)

Name(s): _____

Phone No(s): _____

Email(s): _____

PET INFORMATION (If any)

Pets (please indicate number): Dogs _____ Cats _____ Other _____ Weight: _____

Pet's description: _____

Please return the completed form to:

Lenyx Corp: #102, 1111 - 6 Avenue SW, Calgary, Alberta, T2P 5M5

Or E-mail: Info@LenyxCorp.ca or Fax: **403-265-3740**