TENANTS INFORMATION FORM

NAME:		
NAME:		
Address:		
Home #:	Cell #	Cell #
Emergency contact Nar	ne & #:	
Work # / Name:		
Work # / Name:		
E-mail info:		
I give consent to receiv	e email corresponde	nce from Camwood Properties Ltd.
Name:		Signature:
Name:		Signature:
Make/ Model of vehicl	e (1) ate #:	Year Parking Spot #:
		Year Parking Spot #:
In the case of an emerg assistance? If yes, plea	gency requiring evac se explain:	uation does anyone in your household require
Do you own a pet? If y	es, what type:	
Thank you for completing this form, so that we have the most up to date information.		
This information will be held in confidence under the privacy act and will only be used by held by management for record or Toronto Fire Services for reference.		
If you have any questions, please contact our office at 416 598 3345.		
Sincerely,		

Amalia De Luca Property Manager