367 Highland Road West B1 Office, Kitchener ON N2M 3C6
Phone: 226.339.8398
Email: hello@berlincommunities.com

TENANT RECORD

All tenants please complete this form and deposit in building drop box OR mail/deliver to the office as soon as possible. This information is collected for emergency purposes only and for public emergency services workers' use.

Tenant Name(s):

List full names of occupants, other than above listed Tenant:

Occupant Name:	Occupant Name:
Occupant Name:	Occupant Name:

Address:	Unit #:

Email address:

Home Phone:	Cell Phone:

Vehicle Make/Model/Colour:

Vehicle Plate #:

Emergency Contact Name:

Emergency Home Phone #: Cell Phone #:

Emergency Contact Address:

Emergency Contact Relationship to Tenant:

Does any occupant require assistance in the event of a building emergency?

If YES, occupant name and describe assistance:

Does any occupant have a medical condition we need to be aware of?

If YES, occupant name and describe condition:

Does any occupant require mobility devices or equipment?

If YES, occupant name and describe condition:

Does any occupant require special medical equipment in unit that could cause a hazard? (Example Oxygen Tank)

If YES, occupant name and describe equipment:

Entrance Key # Garage Key #

Outdoor Parking Spot #: Garage Spot #:

Print Name:

Signature: Date: