

DCCI MANAGEMENT

Unit # _____, _____, Calgary AB

Owner(s) Contact Information

Name: _____	Name: _____
Home Phone: () _____	Home Phone: () _____
Mobile Phone: () _____	Mobile Phone: () _____
Email: _____ <input type="checkbox"/> I consent to the receipt of notices from the Condominium Corporation and their manager via email	Email: _____ <input type="checkbox"/> I consent to the receipt of notices from the Condominium Corporation and their manager via email
Owner Mailing Address (if different from the unit address)	
Address: _____	
City: _____ Prov: _____ Postal Code: _____	
Emergency Contact: _____ (Name) (Phone)	
(email)	
Intercom Listing Information (where applicable)	Phone: () _____
Name: _____	

Will the unit be owner occupied? YES or NO

IF NO – WE REQUIRE THE FOLLOWING INFORMATION:

Tenant Contact Information

Name: _____	Name: _____
Phone: () _____	Phone: () _____
Email: _____ <input type="checkbox"/> include this email addr. on the condo resident mailing list	Email: _____ <input type="checkbox"/> include this email addr. on the condo resident mailing list
All tenants are required to complete a tenant undertaking. I understand and will comply with all rental requirements as per the condominium bylaws and rules. <input type="checkbox"/> YES or <input type="checkbox"/> NO	

I/We, the owners listed herein consent to the collection, use, storage and disclosure of personal information by DCCI Real Estate Services and/or the Condominium Corporation Board of Directors for the purposes of managing this Condominium Corporation and for the security of the Corporation. We consent to receiving information and notifications related to the Condominium Corporation via email.

Signed: _____ Date: _____