

FORMS

EMERGENCY CONTACT SHEET

Name of Condominium: _____ Unit Number: _____
 Owner Name: _____ Phone number: _____
 E-Mail Address: _____ Date: _____

Owner Residence (if different than unit & property address): _____

 _____ Postal Code: _____

Tenant(s) Name: _____
 Tenant Res. Phone: _____ Bus. Phone: _____
 Tenant Res. Phone: _____ Bus. Phone: _____

Pet Type	Breed/Description	City License # (Required)	Tattoos (If applicable)

Note: Please contact the Board of Directors **in writing for Board approval prior to obtaining a pet.*

Vehicle (Make/Model): _____ Plate #: _____
 Vehicle (Make/Model): _____ Plate #: _____

In the event of an emergency, GO SMART Property Managers Inc. can contact:
 Name: _____ Phone number: _____

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