



## OWNER RESIDENT INFORMATION RECORD

Park Point  
CCN# 1811544

Suite Number: \_\_\_\_\_

Building Address: \_\_\_\_\_

Owner Name (s): \_\_\_\_\_

Mailing address including postal code (if different from suite number):  
\_\_\_\_\_

Phone # Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact information for owner(s):

Name	Relationship	Number

### Information for Owners Who Live Onsite:

#### Vehicle Information:

\_\_\_\_\_  
(Make, Model and License Plate Number)

Is special assistance required in an evacuation?                      YES                      NO

If YES, please state your needs:

\_\_\_\_\_  
(Wheelchair, walker, oxygen etc.)

I understand that the information in this document will be used by the Property Manager, Site Manager and the Board of Directors. Any relevant information may be given to contractors and/or emergency personnel in order to assist with the coordination of repairs or in the event of an emergency.

In accordance with the Freedom of Information and Protection of Privacy Act, I consent to this use of the information provided.

By providing a complete copy to Equium Group, I acknowledge my understanding and consent of the above statements.

Please email a completed copy of the Resident Information Record to [contact@equium.ca](mailto:contact@equium.ca)

Or send by mail to:

Equium Group  
639 5<sup>th</sup> Avenue SW Suite 850  
Calgary, Alberta T2P 0M9