

**HALIFAX COUNTY CONDOMINIUM CORPORATION #130  
SUMMER GARDENS – 1470 SUMMER STREET, HALIFAX, NS**

**RESIDENT INFORMATION FORM**

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Unit # \_\_\_\_\_ # of FOB's Allocated to the Unit: \_\_\_\_\_

**Names of all Residents  
Occupying the Unit:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Phone #: \_\_\_\_\_ (residence) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

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

Designated Parking Space(s) #: \_\_\_\_\_ Vehicle Information: Make \_\_\_\_\_

\_\_\_\_\_ Model \_\_\_\_\_

License Plate # \_\_\_\_\_

Is the unit owner occupied? Yes \_\_\_ No \_\_\_

If unit is leased, please provide Landlord's name, address and phone number:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Are there any pets residing in the unit? Yes \_\_\_ No \_\_\_ Locker # \_\_\_\_\_

If yes, provide details (cat, dog, breed etc.)

Do you require assistance during a building emergency (building evacuation)? Yes \_\_\_ No \_\_\_

Person to contact for emergency purposes only, or alternate address if you are away from the unit for extended periods:

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_