

## Resident Questionnaire Y.C.C. #374

### RESIDENT INFORMATION

Suite/Unit # \_\_\_\_\_

Names of All Residents: (Mr./Mrs./Ms.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: 1. \_\_\_\_\_

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

2. \_\_\_\_\_

Description of Pets: \_\_\_\_\_  
\_\_\_\_\_

### VEHICLE INFORMATION

Make/Model \_\_\_\_\_

Lic. Plate # \_\_\_\_\_ Space # \_\_\_\_\_

Make/Model \_\_\_\_\_

Lic. Plate # \_\_\_\_\_ Space # \_\_\_\_\_

Make/Model \_\_\_\_\_

Lic. Plate # \_\_\_\_\_ Space # \_\_\_\_\_

### EMERGENCY REGISTER

In the event of an emergency it is important to know which residents would require special assistance. Please indicate below if you require assistance, and the nature of the condition.

\_\_\_\_\_  
\_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**OWNER INFORMATION:** Same as above: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide Owner's Information)

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

Home Telephone: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Form Completed by: \_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date