CHELSEA GARDENS

OWNER/OCCUPANT INFORMATION & EMERGENCY CONTACT/INFORMATION FORM

*Note:**The information provided is used by Strata administration & emergency related portions are shared with the Emergency Preparedness Team only**. Phone numbers will be added to the Chelsea Gardens Resident Phone List only with your consent.*

Unit #: _____ ☐ **Townhouse** ☐ **Mayfair** ☐ **Kensington** ☐ **Windsor**

Name of Owner(s): _____ _____

Primary Phone ☐ Allow on Phone List Secondary Phone ☐ Allow on Phone List Work Phone

_____ _____ _____

Name of Occupants (if different from above):

_____ _____ _____

Primary Occupant email: _____

Make of Vehicle (1): _____ Licence Plate #: _____

Make of Vehicle (2): _____ Licence Plate #: _____

EMERGENCY CONTACT INFORMATION

Monitored Security System Company Name: _____ Tel. No.: _____

	Emergency Contact Name	Home Phone #	Cell #	City
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____

EMERGENCY KEYS: **Key with Office ☐ (Recommended)** **and/or:**

	Chelsea neighbour with key (name)	Unit #	Primary Phone	Secondary Phone
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____

OCCUPANT(S) VULNERABILITIES (Tick boxes that may apply)

Name: _____		Name: _____	
Walker:	☐ Yes	Walker:	☐ Yes
Wheelchair:	☐ Yes	Wheelchair:	☐ Yes
Electric Scooter:	☐ Yes	Electric Scooter:	☐ Yes
Dementia:	☐ Yes	Dementia:	☐ Yes
Hearing Aids:	☐ Yes	Hearing Aids:	☐ Yes
Sight Limitations:	☐ Yes	Sight Limitations:	☐ Yes
Need assistance to exit building:	☐ Yes	Need assistance to exit building:	☐ Yes
Difficulty speaking or understanding English:	☐ Yes	Difficulty speaking or understanding English:	☐ Yes

Special Equipment (oxygen, crutches, braces, etc,): _____

_____

(Attach separate sheet for additional occu pants)

PET INFORMATION

1 – Breed _____ Name _____ Food Storage Loc _____ Vet, Contact # _____

2 – Breed _____ Name _____ Food Storage Loc _____ Vet, Contact # _____

If you have pets, please also complete the "Pet Emergency Preparedness" Form