

WOODCROFT REGISTRATION FORM

Date: _____

MOVE-IN _____	MOVE-OUT _____	CHANGE _____	CANCEL _____
Description of change or cancellation: _____		Effective date: _____	

SUITE #: _____ - _____ Fullerton Avenue, North Vancouver Strata Plan VR _____

OWNER NAME(S): _____ **Suite Code:** _____

If the owner is not residing at this suite, is there a **Form K on file?** **Yes** **No**

OWNER(S) ADDRESS: _____
(If the owner is not residing at this suite)

TEL: **(H)** _____ **(W)** _____

MOVE-IN DATE: _____ **MOVE-OUT DATE:** _____

NUMBER OF RESIDENTS: _____ Bachelor 1 Bedroom 2 Bedrooms

TEL: **(H)** _____ **(W)** _____ (whom should we ask for?)

NAME(S)	RESIDENT	CARD NUMBER(S)	
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
Last First			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
Last First			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	\$30.00
Last First			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	\$30.00
Last First			

ASSIGNED PARKING STALL # _____ **DECAL #** _____

_____ _____ _____ _____
License # Model Year Colour

RENTAL PARKING STALL # _____ **DECAL #** _____

_____ _____ _____ _____
License # Model Year Colour

ASSIGNED LOCKER # _____ **RENTAL LOCKER #** _____ **BUZZER #** _____

BIKE HOOK #: _____ **DECAL #** _____ **BIKE HOOK #:** _____ **DECAL #** _____

COMMENTS: _____

I understand the personal information provided above is for the purposes of complying with legal requirements, identifying and communicating with me, processing payments, responding to emergencies, and ensuring the orderly management of the strata corporation. I hereby authorize The Wynford Group to collect, use, and disclose my personal information for these purposes.

RESIDENT'S SIGNATURE: _____