

# OWNER RESIDENT INFORMATION RECORD

## GATEWAY SOUTH CENTRE (CCN 0614475)

Suite Number: \_\_\_\_\_ Parking Number (if applicable): \_\_\_\_\_

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

Other Occupants: \_\_\_\_\_  
(Please list all occupants in the event of a building emergency)

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

Phone | home: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

E-mail Address:  
\_\_\_\_\_

Emergency Contact information for owner(s)

Name	Relationship	Phone Number

### Information for Owners Who Live Onsite:

Vehicle Information: \_\_\_\_\_ (Make,  
Model & License Plate No.)

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 General Manager, Community Administrator, and the Board of Directors. Any relevant information may be given to contractors and/or emergency personnel to assist in 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 completed copy of this form to Gateway South Centre I acknowledge my understanding and consent of the above statements.

Please email a completed copy of this Resident Information Record to  
[admin@gatewaysouthcentre.com](mailto:admin@gatewaysouthcentre.com) or send by mail to:  
Gateway South Centre, 11811 Lake Fraser Drive SE Calgary, Alberta, T2J 7J4