



Address: P.O. Box 59, Whitehorse, Yukon, Y1A 5X9
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FORM A
OWNER CONTACT INFORMATION

Condo Corp #: _____

Unit Number #: _____

Owner #1: _____

Owner #2: _____

Phone (Cell): _____

Phone (Cell): _____

Phone (Work): _____

Phone (Work): _____

Email: _____

Email: _____

VEHICLE INFORMATION

Vehicle 1: Make: _____ Model: _____ Colour: _____ Plate #: _____

Vehicle 2: Make: _____ Model: _____ Colour: _____ Plate #: _____

DO YOU HAVE A PET? _____ **PET DETAILS:** _____

Do you currently reside in the unit? _____

(if not, please ensure you have the occupant of the unit fill out Form B)

Mailing Address (if different than physical address): _____

Do you currently have a condominium homeowner insurance policy? _____

The Condo Corp carries a condominium policy, but all condo owners should have their own policy as well

SECONDARY CONTACT IN CASE OF EMERGENCY

Contact Name: _____

Phone (Home): _____

Phone (Cell): _____

Email Address: _____

PLEASE ENSURE YOU UPDATE THIS FORM IF THERE ARE ANY CHANGES
