Resident Information Form Brava Towers - BCS1172

Ē	7	Tower	A or B Unit			Date For	m Comple	eted		Υ	YYY-MM-E)D
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EE.	First	Name				Last Nam	е					
Owner Information	Je	L	Mary's Cell (Work)]		one #	or E-mail	Address	per Field in O	rder of Preference
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Owner Occupied? Y or N If YES You May Leave the Rest of this Section Blank												
/	Agent of Record								Phone			
	Agent Name					E-	mail					
Resident Information	First Name					Last Nam	е					
	First	Name				Last Nam	е					
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Vehicle 1 - Make/Model/Colour												
Vehicle 2 - Make/Model/Colour Plate												
Pet	Description	on										
Delivery Waiver	As the Resident of the above Suite, I (print name) authorize the Brava Concierge Staff to accept parcels and deliveries on my behalf, and on behalf of those that reside in this suite, and agree to hold harmless all parties connected with the Strata Corporation, Property Management Company and Security Company from any claims arising from the acceptance of any item(s).											
ery	Signed	d:							Res	ident		
<u>×</u>	0.5.10	(Sig	gnature constitutes a	cceptan	nce of terr	ms and co	nditions.))				
De	Delive	ry Not	ification E-mail Addr	ess								