

Mastre Property Management Ltd.

201, 8989 MacLeod Trail SW
Calgary, AB T2V 2X5

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Personal Information Sheet

Name: _____ Date of Birth: _____

Resident of Canada: YES NO Sin: _____/_____/_____

Property Address: _____ Postal Code: _____

Employer: _____ Phone: _____
Local Contact: _____ Phone: _____

Mailing Address for Statement Purposes: _____

Phone Numbers: Res: _____
Bus: _____
H. Fax: _____
B. Fax: _____
email: _____

Insurance Co: _____ Accounting Co: _____
Agent: _____ Agent: _____
Phone: _____ Phone: _____

Rental Income Deposited to:
Bank and Branch: _____
Bank Address: _____
Postal Code: _____ Account Number: _____
Parking Stall # _____ Storage # _____ Entry Code _____
Super Box Location: _____ Row: _____ Box: _____
Security Company: _____ Phone: _____
Condo Manager: _____ Phone: _____

Smokers: OK No Pets: None All OK OK, restricted to: _____
Tenant to Pay: Water Electrical Heat Cable Phone _____

Items to be looked after by Mastre for Owner:
Insurance Premium Lawn Maintenance Lake/Park Fee's Sprinkler Blowout

Other Expenses: _____
Service Contracts: _____ Anticipated Date of Return: _____

Non-Res Address if Different from Statement: _____ Other Notes: _____

