

## RESIDENT INFORMATION FORM

Kindly complete this form in BLOCK LETTERS. The details in this form are used to assist residents in times of need or in an emergency. The Information provided in this form is handled with the strictest of confidence. If you require any further information relating to this form, please do not hesitate to speak to our Concierge Staff or Building Manager.

Tower Number: (please tick)	Tower 1 <input type="checkbox"/>	Tower 2 <input type="checkbox"/>
Apartment Number:		
Resident Type: (please tick)	Owner <input type="checkbox"/>	
	Tenant must complete section B <input type="checkbox"/>	
WE Wumbo App: (please tick)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### SECTION A – RESIDENT DETAILS

#### ***Resident #1***

Full Name:	
Contact Number:	
Email Address:	
Number of Children in Apartment <18 (if applicable)	
Car Park Level & Number:	
Car Registration	
Car Make:	
Bicycle Make:	
Bicycle Colour:	
Bicycle Park Level & Number	

#### ***Resident #2: (if applicable)***

Full Name:	
Contact Number:	
Email Address:	
Car Park Level & Number:	
Car Registration	
Car Make:	
Bicycle Make:	
Bicycle Colour:	
Bicycle Park Level & Number	

***Resident #3: (if applicable)***

Full Name:	
Contact Number:	
Email Address:	
Car Park Level & Number:	
Car Registration	
Car Make:	
Bicycle Make:	
Bicycle Colour:	
Bicycle Park Level & Number	

***Resident #4: (if applicable)***

Full Name:	
Contact Number:	
Email Address:	
Car Park Level & Number:	
Car Registration	
Car Make:	
Bicycle Make:	
Bicycle Colour:	
Bicycle Park Level & Number	

***Any Additional Information / Comments:***

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**Emergency Contact Details (#1)**

Full Name:	
Contact Number	
Relationship: (please circle)	Spouse / Parent (Including Guardian and in-laws) / Child / Brother / Friend / Other relative

**Emergency Contact Details (#2)**

Full Name:	
Contact Number	
Relationship: (please circle)	Spouse / Parent (Including Guardian and in-laws) / Child / Brother / Friend / Other relative

**Emergency Contact Details (#3)**

Full Name:	
Contact Number	
Relationship: (please circle)	Spouse / Parent (Including Guardian and in-laws) / Child / Brother / Friend / Other relative

**Any additional Emergency / Medical information / comments needed to be known:**

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**Non – Resident Permissions:**

I/WE authorise access to the following people:

Service Type: CLEANER: (please circle)	YES / NO / N/A
Authorised Person's Name:	
Company Name:	
Contact Name:	
Access Days:	
Access Time: (please circle)	AM / PM / BH / AH / Anytime

(AM = Morning, PM = Afternoon, BH = Business Hours, AH = After Hours)

Service Type: FAMILY MEMBER 1: (please circle)	YES / NO / N/A
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Authorised Person's Name:	
Company Name:	
Contact Name:	
Access Days:	
Access Time: (please circle)	AM / PM / BH / AH / Anytime

(AM = Morning, PM = Afternoon, BH = Business Hours, AH = After Hours)

Service Type: FAMILY MEMBER 2: (please circle)	YES / NO / N/A
Authorised Person's Name:	
Company Name:	
Contact Name:	
Access Days:	
Access Time: (please circle)	AM / PM / BH / AH / Anytime

(AM = Morning, PM = Afternoon, BH = Business Hours, AH = After Hours)

Service Type: FAMILY MEMBER 3: (please circle)	YES / NO / N/A
Authorised Person's Name:	
Company Name:	
Contact Name:	
Access Days:	
Access Time: (please circle)	AM / PM / BH / AH / Anytime

(AM = Morning, PM = Afternoon, BH = Business Hours, AH = After Hours)

Service Type: PROPERTY MANAGER: (please circle if applicable)	YES / NO / N/A
Authorised Person's Name:	
Company Name:	
Contact Name:	
Access Days:	
Access Time: (please circle)	AM / PM / BH / AH / Anytime

(AM = Morning, PM = Afternoon, BH = Business Hours, AH = After Hours)

Service Type: OTHER: Please Specify:	
Authorised Person's Name:	
Company Name:	

Contact Name:	
Access Days:	
Access Time: (please circle)	AM / PM / BH / AH / Anytime

(AM = Morning, PM = Afternoon, BH = Business Hours, AH = After Hours)

## SECTION B – PROPERTY MANAGEMENT DETAILS

Managing Agent Name:	
Managing Agent Company:	
Agent's Contact Number:	
Agent's Email Address:	
Lease Start Date:	
Lease End Date:	

## SECTION C – OTHER

Do you have a wine cellar? (please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Wine Cellar Number:	

Do you have a storage cage? (please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Storage Cage Level:	
Storage Cage Number:	

Do you have Pets? (please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Is there anyone with Special Needs requiring assistance in case of an event such as an evacuation? (please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Special Needs Details:	

Thank you for taking the time to complete this form.

Please return it to the Concierge Desk or to the Building Manager. Alternatively, you can email the completed form to:

Tower 1 Concierge: [conciergeone@wspresidences.com.au](mailto:conciergeone@wspresidences.com.au)

Tower 2 Concierge: [conciergetwo@wspresidences.com.au](mailto:conciergetwo@wspresidences.com.au)