



UNIT OWNER/TENANT MOVE IN PACKAGE

We welcome you to Minto 30 Roe; we are confident that you will find this community truly deserving to be called your home. In an effort to serve you better, we are providing you with the enclosed Elevator Reservation Package, which includes all the necessary forms to maintain the necessary records for us to be able to provide you an excellent service.

Please note that we must obtain all of the following items prior to confirming your elevator booking.

- 1) Copy of photo ID
- 2) Copy of power of attorney (if applicable)
- 3) Lease agreement (if applicable)
- 4) Elevator Reservation Agreement Form
- 5) Resident Information Forms e.g. Owner/Tenant Information Form, Parcel Waiver Form, Pet Registration Form, Special Assistance Form (if applicable).

The elevator may be reserved Monday to Sunday, between 12:00pm and 9:00pm, for a maximum of 2 hours per booking. To book the elevator, please contact your Welcome Coordinator at (416) 450-5738, or welcome30roe@fsresidential.com

Regards,
Management Office

Please return fully complete package to the welcome coordinator or the management office.



ELEVATOR RESERVATION AGREEMENT

This reservation request is for the use of the service elevator for the purpose of a move-in/move-out/ delivery, and for any large item deliveries that require the use of a service elevator. **To be submitted to your Welcome Coordinator prior to the booking date.** Move In's/Out's and Deliveries are allowed from 12:00pm to 9:00pm Monday through Sunday (excluding Statutory Holidays) no exceptions. Move-ins are booked for 2 hours at a time.

Reservation requested by _____ Suite Number _____

Resident(s) Name(s) _____ Email: _____

Telephone: Bus: (____) _____ Cell: (____) _____ Home: (____) _____

The date of the reservation shall be ____/____/____ during the following times _____
Day / Month / Year

Please check one: ☐ **Delivery** ☐ **Incoming Resident** ☐ **Outgoing Resident** ☐ **Contractor**

I understand and agree to the following conditions:

1. I shall notify the Welcome Coordinator/Front Desk Security Staff and request an inspection of the elevator immediately prior to using. Upon completion of the move or delivery, I shall forthwith request a re-inspection of the elevator and adjacent common elements.
2. I shall be liable for the full cost of all repairs to any damage to common elements, which may occur as a result of the use of the elevator by me or my agents. I shall accept the cost of repairs as assessed by the Management.
3. I shall only use the elevator during the term of the reservation.
4. I agree that all elevator bookings are made by appointment with the Welcome Coordinator, who can be reached at T.416.450.5738
5. I agree that that all moves must be through the moving room, located on Ground level.
6. I shall take reasonable precautions to prevent unauthorized entry into the building during the term of the reservation.
7. I shall not obstruct corridors and elevator lobbies prior to, during or after the term of the reservation.
8. I agree that the Developer and/or its agents will not be held liable for any costs pertaining to any delays in the event the elevator as booked above is not readily available.
9. I agree that special care will be taken with regard to any mirrors that are present in the elevators. I agree that the protective pads shall be in place prior, during and after and/or until the completion of the final inspection.
10. If I fail to advise the Welcome Coordinator/Front Desk Security staff at the time of completion I understand that I will be responsible for any damages found after I complete my move or delivery.

I hereby acknowledge that I have read this agreement as presented above and I hereby accept all of the conditions contained herein.

Applicant's Signature: _____ Date: _____

Received by: _____ Security Signature: _____

AREA INSPECTED

Loading Bay Area
Exterior Doors / P1
Ground Level Lobby & Doors
Elevator Doors / Frame
Elevator Cabs / Pads
Corridor Floors / Walls / Mirrors
All fixtures
Suite Door/ Frame

BEFORE:

AFTER:

TIME PUT ON SERVICE:

TIME TAKEN OFF
SERVICE:

Resident Signature

Resident Signature

Security Signature

Security Signature



OWNER INFORMATION FORM

(PLEASE PRINT CLEARLY)

Suite #: _____ Date: _____

Intercom Code: _____ Intercom Name: _____

REGISTERED OWNER:

Owner(s) Name(s): _____

Home phone: (_____) _____

Business Telephone: (_____) _____

Cell Telephone: (_____) _____

Owner's Email Address: _____

Owner's Address (If other than suite): _____

Emergency Contact for Owner:

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

REGISTERED TENANT:

Tenant(s) Name(s): _____

Home/ Business phone: (_____) _____

Cell Telephone: (_____) _____

Tenant's Email Address: _____

Emergency Contact for Tenant:

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

OCCUPANTS

Name & Relationship to Unit Owner/ Register Tenant	E-mail	Mobile Phone No.	Home or Work Phone No.

FOBS:

Number of FOBs

Serial Number

PARKING:

Space No. License Plate No. Vehicle Make/Model/Colour Transponder No.

1. _____

2. _____

RENTED PARKING SPACES:

Rented From/To (circle one): Suite No.: _____ Name: _____

Space No.: _____ Date Rented: _____ Expires: _____

License Plate: _____ Make/Model/Colour: _____

LOCKER:

Level and Locker No.: _____ Rented From/To: _____

Level and Locker No.: _____ Rented From/To: _____

INTERCOM INFORMATION

Name: _____ Phone to connect: _____

Name: _____ Phone to connect: _____

EMERGENCY ASSISTANCE:

Please indicate if any resident(s) require special assistance in an emergency:

Name(s): _____

Condition/Assistance Required: _____

PETS:

Type:_____

Name_____

Type:_____

Name_____

(Please fill out the Pet information form)

BIKES: (If you own a bike, please let us know if it is stored in your unit or in the garage)

How Many? _____ Where are they stored? _____

NOTICES:

☐ I give permission for property management to send notices via email or other similar method of electronic communication:

Owner's Signature:_____ **Date:**_____

IN WITNESS WHEREOF, this _____ day of _____, 20_____, in the City of Toronto.



PERSONS REQUIRING SPECIAL ASSISTANCE FORM

If you have any person residing in your suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

SUITE #: _____

NAME: _____ Cell: (____) _____ Other: (____) _____

ADDRESS: _____

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

Please provide a brief description of the condition (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). Please print.

Name _____

Condition/Assistance Required _____

Resident's Signature _____

Date _____





PARCEL WAIVER FORM

Suite No: _____

I/We hereby authorize the Front Desk staff to accept small packages and mail on my/our behalf. I/ We understand that the front desk is not able to accommodate large packages.

In so doing, I/We release the Developer, The condominium corporation, the Property Management and Front Desk from any present or future liability should the packages / mail be lost, stolen or damaged. The Front Desk is not authorized to and therefore, cannot accept registered mail.

These releases are in effect until I/We notify the Front Desk or Property Management in writing to the contrary.

_____ Resident's Name	_____ Resident's Authorized Signature	_____ Date
_____ Resident's Name	_____ Resident's Authorized Signature	_____ Date
_____ Resident's Name	_____ Resident's Authorized Signature	_____ Date



PET REGISTRATION FORM

Resident's Name: _____

Suite #: _____

Telephone #: _____

Name of Pet: _____

Breed: _____

Weight: _____

Colour(s): _____

Age: _____

License #: _____

Vet's Name: _____

Vet's Phone #: _____

Residents Signature: _____

Date: _____

Please complete and return this form to the Property Management Office