

## **Elevator Reservation Agreement**

				Date:		
Reservation Requested By:				Suite No.:		
Telephone:	Home	Cell		Work		
Circle One:	Delivery/Servi	ice Inc	oming Resident	d Outgoin	g Resident	
Booking Date:	Day:	Month:	Year	r:		
Time Period: Monday to Friday Maximum 4 hours  10am - Noon Noon - 2pm 2pm - 4pm 7pm - 9pm						
Sá	aturday 10am – Noon I	Noon – 2pm	2pm – 4pm	4pm – 6pm	6pm – 8pm	
Moving Times:  No moves on Sundays or statutory holidays.  Bookings must be arranged with Concierge – Telephone 416-596-0307.  Protective Pads must be in place during the move and/or until final inspection.						

I understand and agree to the following conditions:

- 1. I agree to deposit with the Corporation 48 hours prior to date scheduled a \$500.00 deposit money order or certified cheque payable to TSCC No. 1961 for move ins and move outs. Deposit will be returned if no damage is done to the elevator or the common areas. For deliveries personal cheque is acceptable. Any fees associated will NOT be reimbursed and No cash will be accepted at any times.
- 2. I agree to pay a non refundable elevator usage fee in the amount of \$\frac{\\$150 money order or}{\text{certified cheque payable to TSCC 1961}} for the use of the service elevator to move in. This fee includes the use of the elevator upon the owner(s) or resident(s) moving in and out.
- 3. I will be held liable for all damages that may occur as a result of the use of the elevator by my agent or me. The owner of the suite bears ultimate responsibility for any damage and acknowledges that all or part of the deposit shall be withheld and applied toward the cost of repairs.
- 4. I agree that priority use of the elevator and loading bay is for the duration of the reserved time. Use of the elevator and loading bay must be forfeited to the next booking if the move or deliveries/services run over the reserved time. TSCC No. 1961 will not be held liable for any costs pertaining to any delay in receiving the elevator as booked above.
- 5. I agree that all moves or deliveries/service must be made through the loading bay accessed from the side of the building. No items of any type or description are to be moved through the front entrance lobby. Furniture will not be left in the corridors but will be moved directly into the suite or into the moving elevator and/or room, to prevent inconvenience to fellow residents.



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6.	I agree that all empty boxes and moving cartons are to be dismantled and flattened. Moving materials such as boxes, packing material, etc. shall not be left in the hallway corridors or placed in the garbage rooms located on each floor and/or chutes, but are to be taken down to the recycle bins located on the Lobby level adjacent to the loading bay. Failure to comply will result in forfeiting the deposit cheque with charges to be assessed for removal of material or time and charges for a jammed chute.					
7.	I agree that no obstruction to the moving room, corridors or in front of the elevators will be allowed prior to, during or after the term of the reservation.					
I hereby acknowledge that I have read this agreement as presented and I hereby accept all of the conditions contained herein.						
Applica	nt's Signature		Date			
SECUF	RITY DEPOSIT RECEIVED	YES	NO			
ELEVATOR USAGE FEE PAID		YES	NO			
DEPOSIT TO BE HELD ON FILE:		YES	NO			
DEPOSIT RETURNED:		YES	NO			
DEPOSIT DESTROYED:		YES	NO			
I,	, hereby ackn e)	owledge receipt of my sec	curity deposit cheque of \$500.00			
Reside	nt's Signature					
Forward	ding Address:					