

®

Property Management Inc.

**OWNER(S)/RESIDENT(S) REGISTRATION FORM**

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

***(PLEASE PRINT CLEARLY****):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *SUITE NO:* |  | |  | *DATE:* |  | | |
| *ADDRESS:* | 80 John Street. Toronto, Ontario M5V 3X4 | |  | *MOVE-IN DATE:* | |  | |
| *Occupancy Type:* | | *□ Owner Occupied □ DCRI □ Other Rentals* |  | *Number of bedrooms:* | | |  |

***NAME OF REGISTERED UNIT OWNER(S)***

*SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Street & Number Suite No. City Province Postal Code*

*TELEPHONE NO: (H) ( ) (B) ( )*

*CELL PHONE: (Other No.) ( )*

*E MAIL ADDRESS:*

***PARKING:***

PARKING SPACE:\_\_\_\_\_\_\_\_\_LEVEL:\_\_\_\_\_\_COLOUR/TYPE OF VEHICLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LIC.NO:\_\_\_\_\_\_\_\_\_\_\_\_\_

PARKING SPACE:\_\_\_\_\_\_\_\_\_LEVEL:\_\_\_\_\_\_COLOUR/TYPE OF VEHICLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LIC.NO:\_\_\_\_\_\_\_\_\_\_\_\_\_

***LOCKER:***

LOCKER NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_LEVEL: \_\_\_\_\_\_\_\_ LOCKER NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_LEVEL: \_\_\_\_\_\_\_\_

***KEYS AND LOCK:***

KEYS IN YOUR POSSESSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEY FOB/REMOTE CONTROL NUMBERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUILDING KEY/LOCKER ROOM: [ ] YES [ ] NO *IF “YES”, HOW MANY:\_\_\_\_\_\_\_\_\_\_\_\_\_*

SUITE KEY # MAILBOX KEY # LOCKER PAD LOCK KEY #\_\_\_\_\_\_\_\_\_

ORIGINAL LOCK YES\_\_\_\_\_ NO\_\_\_\_\_ OLD LOCK YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_

IF NEW LOCK, PLEASE MAKE SURE ON BUILDIGN MASTER SYSTEM YES\_\_\_\_\_ NO\_\_\_\_\_

→ →

# RESIDENT(S) INFORMATION

1. **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TELEPHONE (H): ( \_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(B): (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TELEPHONE (H): ( \_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(B): (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TELEPHONE (H): ( \_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(B): (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME TO BE LISTED ON INTERCOM SYSTEM**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER FOR INTERCOM SYSTEM (ONE NUMBER ONLY)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL. NO.: (H) (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B) (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL. NO.: (H) (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B) (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL. NO.: (H) (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B) (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***HANDICAP ASSISTANCE REQUIRED:*** [ ] YES [ ] NO

IF "YES” PLEASE LIST SPECIAL REQUIREMENTS: NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HANDICAP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOULD YOU REQUIRE ASSISTANCE IN AN EMERGENCY? [ ] YES [ ] NO

TYPE OF DISABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DO YOU HAVE PETS?*** [ ] YES [ ] NO

IF "YES", TYPE & DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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Property Management Inc.

# W A I V E R

**SUITE ENTRY:**

I, of suite # do hereby authorize *Front Desk Concierge/ Property Management* and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation’s business. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required. I hereby release *Front Desk Concierge / Property Management* and its duly authorized agents and employees from any present or future liability for such entry or entries.

**PARCEL DELIVERY**

I, of Suite # do hereby authorize *Front Desk Concierge/ Property Management* and its duly authorized agents and employees to accept small packages, which must be signed for, on my behalf. In so doing I release *Front Desk Concierge/ Property Management* and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver is for parcels only. The Condominium Corporation and its authorized agents are not authorized to and therefore cannot accept registered mail.

These releases are in effect until I notify *Property Management* in writing to the contrary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date



**IF YOU ARE A RESIDENT, PLEASE COMPLETE THE SECTION BELOW**

***RESIDENTS ACKNOWLEDGEMENT***

I/We hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licenses, from time to time, will in using the unit occupied by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of occupancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

I/We have received TSCC 2155 Welcome Package along with the Corporation Rules and Regulations on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date). (Please visit management office to pick up)

***Property Management Office***

|  |  |
| --- | --- |
| Location: | 80 John Street, Toronto, Ontario ( 10th floor ) |
| Office hour: | Monday, Tuesday, Thursday & Friday from 8:00 a.m. to 5:00 p.m.  Wednesday from 8:00 a.m. to 7:00 p.m. |

WITNESS WHEREOF, this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year \_\_\_\_\_

in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Print Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Print Signature



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Property Management Inc.

**PET REGISTRATION FORM**

RESIDENT’S NAME:

SUITE #:

TELEPHONE #:

NAME OF PET:

BREED:

SIZE AND WEIGHT:

COLOUR(S):

AGE:

LICENSE #:

VET’S NAME:

VET’S PHONE #:

RESIDENT’S SIGNATURE:

DATE:



**TORONTO STANDARD CONDOMINIUM CORPORATION NO. 2155**

**FESTIVAL TOWER**

**80 JOHN STREET**

PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

Please complete and return this form to Property Management as soon as possible.

|  |  |
| --- | --- |
| **NAME;** | **TELEPHONE NO: ( )** |
| **ADDRESS:** | |
| **UNIT / SUITE NO.:** | |

**As required in the condominium corporation’s Fire Safety Plan**, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.

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

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

**Brief description** (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired.

**Please print.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Date Completed: Resident Signature:

**Please complete and return this form to Del Property Management Inc.**

**Please leave at the Concierge Desk or fax to (416) 979-8074, or mail to: 80 John Street, Toronto, ON M5V 3X4**