



**TORONTO STANDARD CONDOMINIUM CORPORATION #2348  
-20 JOE SHUSTER WAY-  
ELEVATOR RESERVATION AGREEMENT**

Residents Name: \_\_\_\_\_ ☐ Owner/ ☐ Tenant; Suite No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The reservation is for the use of the elevator for:

(Day) \_\_\_\_\_, (Date) \_\_\_\_\_, 2015 from \_\_\_\_\_ to \_\_\_\_\_

***I AM MOVING IN \_\_\_\_\_; I AM MOVING OUT \_\_\_\_\_; FURNITURE DELIVERY \_\_\_\_\_  
- Please Check Appropriate Box***

**PLEASE FILL IN ONLY ONE SLOT (IN THE DATES INDICATED)**

**Please note there is a two hour maximum time interval; kindly indicate the preferred time by checking the appropriate box. It is recommended movers arrive ½ hour early to park, announce their arrival and set up:**

**I understand that these forms must be returned signed to the office at least 48 hours prior to the reservation otherwise the reservation will be cancelled.**

☐ 8:00 a.m. – 10:00 a.m. ☐ 10:00 a.m. – 12:00 p.m.

☐ 12:00 p.m. – 2:00 p.m. ☐ 2:00 p.m. – 4:00 p.m.

☐ 4:00 p.m. – 6:00 p.m. \* **Not available Saturday & Sunday**

I understand and agree to the following conditions:

1. Reserved use of the elevator is by appointment on a first come, first served basis between the hours of 8:00 am and 6:00 pm Monday through Friday; Saturday and Sundays between the hours of 8:00 a.m. to 4:00 p.m. Appointments are made with Property Management and will approve all elevator reservations only when the security deposit has been paid and the appropriate documentation has been provided (i.e. copy of lease or change of ownership certificate).
2. Moves/Deliveries are **NOT** permitted on Statutory Holidays or Observed Civic or Municipal Holidays. When moving, please be aware of maintaining the quiet enjoyment of your neighbours.
3. Upon signing this agreement I attach a refundable security deposit in the amount of \$250.00 by cash or cheque, payable to T.S.C.C. #2348. This amount will be refunded on completion of the move and not having caused any damage to the common elements and affected areas of the Corporation.
4. It is agreed and understood that should the move not begin 1 hour after the scheduled starting time of the move as indicated above, the move may not be allowed and may have to be re-scheduled for another day.

5. All empty boxes and moving cartons are to be dismantled and removed immediately from the corridors. I shall not obstruct corridors and elevator lobbies prior to, during or after the term of the reservation.
6. **I shall notify the Property Manager or designated person by phone and request an inspection of the elevator and affected common elements immediately prior to the move. Upon completion of the move, I shall forthwith request a re-inspection of the elevator and affected common elements.**
7. I shall be liable for the full cost of all repairs to any damage, which may occur as a result of the use of the elevator and affected common elements by my agents or me. I shall accept the cost of repairs as assessed by the Manager and acknowledge that all or part of the security deposit shall be withheld and applied towards the cost of repairs.
8. Security of the building is paramount and must be strictly adhered to during use of the service elevator.

I HEREBY ACKNOWLEDGE that I have read this agreement, and I agree to abide by the Rules of the Corporation in force from time to time.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Property Manager

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY**  
**SECURITY DEPOSIT REFUNDED**

Area to Be Inspected	Before	After
Loading Area		
Moving Room and Doors		
Elevator Doors and Frames		
Elevator Cab and Pads		
Corridor Floor, Walls		
Light Fixtures		
Suite Door and Frame		
Comments		

Area Inspected By: \_\_\_\_\_ Before \_\_\_\_\_ After \_\_\_\_\_

**Pre – Inspection**  
**Residents Acknowledgement of Condition of Premises**

Date Signed \_\_\_\_\_

Resident Signature \_\_\_\_\_

Deposit Cheque No. \_\_\_\_\_ Received by: \_\_\_\_\_

**Post-Inspection**  
**Residents Acknowledgement of Condition of Premises**

Date Signed \_\_\_\_\_

Resident Signature \_\_\_\_\_

Deposit cheque No. \_\_\_\_\_ Returned by \_\_\_\_\_

(For move-outs only: All access devices should be recorded below before deleted from the system when the move out is complete.)

\_\_\_\_\_, hereby acknowledge the return of my  
Applicant's Name

Deposit of \$250.00 on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.