

SUITE INFORMATION FORM

SUITE NO: _____ DATE: _____

CLOSING DATE: _____ MOVE-IN DATE: _____

☐ Owner Occupied ☐ Others ☐ Sublet
☐ DCRI Lease Rec'd Date: _____ ☐ Other Rentals Lease Copy Rec'd Date: _____

UNIT OWNER(S) INFORMATION

NAME: _____ NAME: _____

NAME: _____ NAME: _____

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Street & Number	Suite No	City	Province	Postal Code
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CONTACT INFORMATION:

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ Other No.: _____

EMAIL ADDRESS: **REQUIRED!** _____

KEYS AND LOCK:

KEY FOB/REMOTE CONTROL NUMBERS: _____

NUMBER OF KEYS (How many): _____ BUILDING KEYS: _____ SUITE KEYS: _____ MAILE BOX KEYS: _____

LOCKER ROOM KEYS (IF APPLICABLE): _____ BICYCLE ROOM KEY(S)(IF APPLICABLE): _____

SUITE DOOR: *ORIGIANL LOCK* ☐ YES ☐ NO

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

LOCKER CHANGED DATE: _____ WORK ORDER COPY RECEIVED: ☐ YES ☐ NO

PARKING/LOCKER/BICYCLE:

PARKING SPOT NO.: _____

LOCKER UNIT NO.: _____

BICYCLE RACK NO.: _____

RESIDENT(S) INFORMATION

1. **NAME:** _____ ☐ Unit Owner ☐ Lease Holder ☐ Resident ☐ Family Member

TELEPHONE: (H) _____ (C) _____ (B) _____

EMAIL ADDRESS: REQUIRED _____

EMERGENCY CONTACT NAME: (FAMILY/CLOSE FRIEND) _____

TELEPHONE: (H) _____ (C) _____ (B) _____

EMAIL ADDRESS: _____

2. **NAME:** _____ ☐ Unit Owner ☐ Lease Holder ☐ Resident ☐ Family Member

TELEPHONE: (H) _____ (C) _____ (B) _____

EMAIL ADDRESS: REQUIRED _____

EMERGENCY CONTACT NAME: (FAMILY/CLOSE FRIEND) _____

TELEPHONE: (H) _____ (C) _____ (B) _____

EMAIL ADDRESS: _____

3. **NAME:** _____ ☐ Unit Owner ☐ Lease Holder ☐ Resident ☐ Family Member

TELEPHONE: (H) _____ (C) _____ (B) _____

EMAIL ADDRESS: REQUIRED _____

EMERGENCY CONTACT NAME: (FAMILY/CLOSE FRIEND) _____

TELEPHONE: (H) _____ (C) _____ (B) _____

EMAIL ADDRESS: _____

VEHICLE INFORMATION:

1. _____
Parking Spot No. Car license Plate No. Make of the car Colour

If the parking spot is rented: Rented from: _____ (Suite #) Lease period: _____

2. _____
Parking Spot No. Car license Plate No. Make of the car Colour

If the parking spot is rented: Rented from: _____ (Suite #) Lease period: _____

NAME(S) TO BE LISTED ON INTERCOM SYSTEM: _____

NUMBER FOR INTERCOM SYSTEM (ONE NUMBER ONLY): _____

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: _____

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, licensees, 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 James Cooper Mansion Welcome Package along with the Corporation Rules and Regulations on _____ (Date). (Please visit management office to pick up)

Property Management Office

Location: 28 Linden Street, Toronto, Ontario (2nd floor)

Office hours: Monday, Wednesday, Thursday and Friday from 9:00 a.m. to 5:00 P.m.
Tuesday from 9:00 a.m. to 7:00 p.m.

WITNESS WHEREOF, this _____ day of _____, Year _____

in the City of _____

Name Print

Signature

Name Print

Signature

Suite Entry & Parcel Delivery



Suite Entry:

I, _____ of suite number _____ do hereby authorize TSCC 2152 and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation's business and hereby release TSCC 2152 and its duly authorized agents and employees from any present or future liability for such entry or entries. 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.

Parcel Delivery:

I, _____ of suite number _____ do hereby authorize TSCC 2152 and its duly authorized agents and employees to accept small packages, which must be signed for, on my behalf. In so doing I release TSCC 2152 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 accept registered mail.

The aforementioned agreements will remain in effect until I notify TSCC 2152 in writing to the contrary.

Resident's Name

Witness' Name

Signature

Signature

Date

Date