



RESIDENT REGISTRATION FORMS

Suite No.: _____ North (65) ☐ South (55) ☐ Date: _____

UNIT OWNER/LANDLORD(S) NAME:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

PLEASE CHECK ONE OF THE FOLLOWING:

☐ OFF-SITE OWNER/Absentee owner- Please complete Section A and B.

☐ ON-SITE OWNER- Please complete Section B and C.

☐ TENANT- Please complete Section C.

Note. The corporation has a privacy policy in place to safeguard information. A copy of the policy is available upon request.

SECTION A - OWNER'S ALTERNATE ADDRESS FOR SERVICE

If your mailing address is different from Maple Leaf Square, please complete this section.

If your address information changes; you are responsible to advise management.

Mailing Address: _____

Home Tel. No.: _____ Business Tel. No.: _____ Cell Tel. No.: _____

Email Address: _____

☐ please check, if you authorize TSCC 2130 to send documents and updates.

SECTION B – TO BE COMPLETED BY ALL OWNERS

Power of Attorney: ☐ Yes ☐ No

Relationship to Owner:

If you answered yes above, please complete the following: _____

Address: _____

Home Tel. No.: _____ Business Tel. No.: _____ Cell Tel. No.: _____



SECTION C – SUITE RESIDENT(S) INFORMATION

Lease Information (if applicable):

Lease Period- From: _____ Lease Period- To: _____

Note. Owner is responsible to provide tenant a copy of the corporation rules.

Resident No 1:

Last Name: _____ First Name: _____

Gender: ☐ Male ☐ Female Cell No: _____ Bus No: _____

Email Address: _____

Keyfob Number: _____

Resident No 2:

Last Name: _____ First Name: _____

Gender: ☐ Male ☐ Female Cell No: _____ Bus No: _____

Email Address: _____

Keyfob Number: _____

Resident No 3:

Last Name: _____ First Name: _____

Gender: ☐ Male ☐ Female Cell No: _____ Bus No: _____

Email Address: _____

Keyfob Number: _____

HANDICAPPED/DISABILITY ASSISTANCE ?

☐ Yes ☐ No Details of Assistance Required: _____

Emergency Information:

Contact #1:
Name: _____

Relationship: _____

Cell No.: _____

Home Tel. No.: _____

Contact #2:
Name: _____

Relationship: _____

Cell No.: _____

Home Tel. No.: _____



PARKING/LOCKER REGISTRATION

Parking Access:*

Please select applicable statement:

- ☐ I am leasing parking **from** Suite# _____
- ☐ I am leasing parking **to** Suite# _____
- ☐ I am not leasing parking (Owner occupied or Parking linked to Residential Unit Lease)

*Parking can only be leased to residents of Maple Leaf Square

Vehicle Information:

Residents Name: _____ Suite Number: _____

Parking Access Number*: _____ (ex. XXX-XXXXX or XXXX-XXXX)

Parking Space No: _____ Level: _____ (ex. P# - ###)

(1) Make: _____ Model: _____ Color: _____ License Plate No: _____ Year: _____

*Located on White Access Card or Black Remote Control

Note. The P1 and P2 levels of the parking garage are paid parking only.
There is no visitor parking available.

Locker Information:

Locker No:	Level:	Leased from Suite No:
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INTERCOM DISPLAY FORM FOR SOUTH TOWER (55)

DEAR RESIDENT OF MAPLE LEAF SQUARE;

Kindly provide us with your unit number, local phone number and name in the order for it to be displayed on the intercom board which will be available to visitors.

Your name will be appeared as Last Name and First Initial.

Please fill out the form and kindly return it to the concierge/security desk as soon as possible, so that we may complete this process in a timely manner.

Thank you for your cooperation.

RESIDENT INFORMATION

Suite# _____

Date: _____

Last Name: _____ (INITIAL) _____

PHONE NUMBER _____

ENTRY CODE ASSIGNED (by Concierge) _____



WAIVER-PARCEL DELIVERY

I/We, _____

Of suite no. _____ ☐ North (65 Bremner Boulevard) ☐ South (55 Bremner Boulevard)
Toronto, hereby authorize TSCC 2130 and its duly authorized agents and employees to accept
small parcels or envelopes(excluding registered mail, perishables, cash, other valuables or parcels
that exceed the size limit), on my/our behalf.

I/We hereby irrevocably release TSCC 2130 and its duly authorized agents and employees from
any present or future liability and claims howsoever arising from their temporary custody should
the parcel or envelope be lost, stolen, delivered late or damaged. I hereby acknowledge that I will
not leave keys or allow anyone to deliver keys on or for my behalf.

Resident 1 Signature: _____ Date: _____

Resident 2 Signature: _____ Date: _____

Resident 3 Signature: _____ Date: _____

WAIVER/SUITE ENTRY ACKNOWLEDGMENT

I/We, _____, Suite#_____, (the “Owner “or the “Resident”) of
☐ North (65 Bremner Boulevard) ☐ South (55 Bremner Boulevard)

Toronto, hereby authorize the TSCC 2130 and its duly authorized agents and employees to enter
my/our unit, and my exclusive use common elements(if any), from time to time, when necessary to
carry out Corporation’s objects and duties pursuant to the Condominium Act, 1998(the “Act”),
which objects and duties include, but are not limited to, semi-annual HVAC maintenance, annual
fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other
objects and duties as may be required by the Act, and the Corporation’s declaration, by-laws and
rules.

The Owner/Resident acknowledges that TSCC 2130 and its duly authorized agents and employees
have a statutory obligation to carry out and perform certain obligations and duties as may be
required by the Act, or the Corporation’s declaration, by-laws and rules, and that the Corporation
assumes no responsibility or liability in the performance of such objects and duties Where possible
advance notice of suite entry will be given, except in case of emergency.

**If the owner/resident is locked out, there is a fee of \$25 to gain entry in to the suite provided
that the owner/resident is listed in the Building data base.**

Resident 1 Signature: _____ Date: _____

Resident 2 Signature: _____ Date: _____

Resident 3 Signature: _____ Date: _____



AUTHORIZATION FOR ACCESS TO BUILDING

I/We, _____ of suite no. _____ North (65) ☐ South (55) ☐

do hereby authorize _____ to enter my suite/the building from
time to time. Insert name(s) of individual(s)

The concierge/security may permit access to the building without announcing the above named person's arrival and obtaining permission.

I/We hereby release TSCC 2130 and its duly authorized agents and employees from any present or future liability for such entry or entries.

This release is in effect until I notify the management office in writing to the contrary.

Resident 1 Signature: _____ Date: _____

Resident 2 Signature: _____ Date: _____

Resident 3 Signature: _____ Date: _____

PET REGISTRATION FORM

DOGS AND CATS THAT ARE NOT LICENSED WITH THE CITY OF TORONTO ARE NOT ALLOWED ON THE PREMISES.

Do you own a pet: ☐ Yes ☐ No Type: ☐ Dog ☐ Cat ☐ Other Describe: _____

Name of pet: _____ Breed: _____

Size & Weight: _____ Color(s): _____

Age: _____ License No.: _____

Veterinarian's Name: _____

Note. There is a weight restriction for pets of **35 lbs** or **15.9Kg**. Pets cannot stand higher than **24"** at the shoulder (Rule O.16)



OCCUPANCY UNDERTAKING

Where the owner of a unit leases his or her unit, the owner shall forthwith notify the Corporation/Authorized managing agent that the unit is leased and shall provide the Corporation/Authorized managing agent with the lessee's name, and the owner's address for service of notices and/or other communication purposes and provide such other information and documents as provided for in the rules from time to time.

In addition, no owner shall lease his or her unit unless he/she delivers to the Corporation a covenant or agreement signed by the tenant in favor of the Corporation, to the following effect:

TENANTS ACKNOWLEDGEMENT

I acknowledge and agree that I, and my servants, agents, tenants, family, invitees and licensees, from time to time, will, in using the unit rented by me and the common elements, including Exclusive Use Common Elements(where applicable), comply with the Condominium Act, the Declaration, the by-laws, all rules and regulations, agreement(s) authorized by the by-laws including the Reciprocal Agreements, during the entire term of my tenancy, and will be subject to the same duties imposed by the above as if I were a unit owner, except for the payment of common expenses unless otherwise provided by the Condominium Act.

I acknowledge that I have read and am aware of all of the provisions and covenants in the aforesaid documents and agreements.

Dated this _____ day of, _____, 20____, in the Province of Ontario.

Tenant 1 Signature: _____ Date: _____

Tenant 2 Signature: _____ Date: _____

Tenant 3 Signature: _____ Date: _____

NOTE

- 1. This form must be completed by each new tenant who is residing in a suite in TSCC 2130. (Rule D.04)**
- 2. Short term rentals of Less than 30 days are strictly prohibited.(Rule B.05)**



***This form should be completed by the Owner of the unit.**

FORM 5
SUMMARY OF LEASE OR RENEWAL
(CLAUSE 83(1) (b) of the Condominium Act, 1998)

To: _____ (name of condominium corporation)

1. This is to notify you that:

[Strike out whichever is not applicable:

A written or oral (strike out whichever is not applicable: lease, sublease, assignment of lease)

OR

A renewal of a written or oral (strike out whichever is not applicable: lease, sublease, assignment of lease)]

Has been entered into for:

[For all condominium. Corporations except common elements condominium corporations:

Unit(s) _____, Level(s) _____ (include any parking or storage units that have been lease)]

[In the case of common elements condominium corporation:

The common interest in the condominium corporation, being the interest attached to:

(Provide brief description of the parcel of land to which the common interest in the Condominium Corporation is attached)]

On the following terms:

Name of Lessee(s) or sub lessee(s): _____

Telephone Number: _____

Fax Number (if any): _____

Commencement date: _____

Termination date: _____

Option(s) to renew: _____
(Set out details)

Rental payments: _____
(Set out amount and when due)

Other information: _____
(At the option of the owner)



2. I (We) have provided the (strike out whichever is not applicable: lessee(s), sub lessee(s)) with a copy of the declaration, by-laws and rules of the condominium corporation.

3. I (We) acknowledge that, as required by subsection 83(2) of the Condominium Act, 1998, I(we) will advise you in writing if the (strike out whichever is not applicable: lease, sublease, assignment of lease) is terminated.

4. I (We) acknowledge that I/We are responsible to provide a copy of a new lease when a lease expires or is renewed.

Dated this _____ day of _____, _____

(Signature of owner(s))

(Print name of owner(s))

(In the case of a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation.)

(Address)

(Telephone number)

(Fax number, if any)



OWNER'S AUTHORIZATION TO PROPERTY MANAGEMENT

I/We the unit owner(s) of suite number _____

☐ North (65 Bremner Boulevard) ☐ South (55 Bremner Boulevard)

Hereby authorize York Bremner Developments to allow my tenant(s):

(Name of tenant(s))

To purchase/replace the following on my behalf without recourse or any liability whatsoever to TSCC 2130 and its duly authorized agents and employees:

Additional Access FOBs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Parking Access Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Locker Room Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suite Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mailbox Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Owner Signature: _____ Date: _____

NOTE: By giving authorization above, you will not be contacted if your tenant requires additional Fobs, Keys, or Access cards unless you notify TSCC2130 or its duly authorized agent or employee in advance in writing.