



T.S.C.C. #1438

**PLEASE ASSIST US IN KEEPING OUR RECORDS UPDATED
THANK YOU FOR YOUR COOPERATION**

RESIDENT INFORMATION

(PLEASE PRINT CLEARLY)

SUITE NO: _____ BUILDING: [☐ 361 [☐ 373 RESIDING IN THE BUILDING? [☐ Yes [☐ No

SECURITY MONITORING COMPANY (IF ANY): _____

PHONE NUMBER OF COMPANY: () _____ IN-SUITE ACCESS CODE: _____

SUITE OWNER (S) INFORMATION

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Street Suite No. City Province Postal Code

TELEPHONE NO: (Home) () _____ (Work) () _____

EMAIL ADDRESS: _____ (Cell) () _____

DATE OF CLOSING (IF NEW OWNER): _____ SIGNATURE: _____ DATE: _____

RESIDENT / TENANT INFORMATION

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

TELEPHONE NO: (Home) () _____ (Work) () _____

EMAIL ADDRESS _____ (Cell) () _____

SUITE LEASED?: [☐ Yes [☐ No COPY OF LEASE?: [☐ Yes [☐ No FORM 5?: [☐ Yes [☐ No

TERM OF LEASE: _____

SIGNATURE: _____ DATE: _____

NAME TO BE LISTED ON ENTERPHONE DIRECTORY: _____

NUMBER OF BEDROOMS: _____ RENTAL MANAGEMENT PROGRAM [] Yes [] No

NAME OF RENTAL MANAGEMENT PROGRAM: _____

A. LOCKER Level _____ No. _____

Level _____ No. _____

B. PARKING LEVEL NO. LICENCE PLATE # MODEL/COLOUR

C. ACCESS DEVICES IN YOUR POSSESSION:

TRANSMITTER #: _____

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

IF "YES" PLEASE LIST SPECIAL REQUIREMENTS: NAME: _____

HANDICAP: _____

E. DO YOU HAVE PETS? IF "YES", PLEASE TYPE ITS NAME AND DESCRIBE ITS CHARACTERISTICS:

(PICTURE TO BE KEPT ON FILE IN THE OFFICE)

F. ARE YOU ABSENT DURING ANY PART OF THE YEAR? [] YES [] NO

IF "YES", HOLIDAY ADDRESS

Street

Suite No.

City

Province

Postal Code

TELEPHONE NO: (Home) () _____ (Work) () _____

EMAIL ADDRESS _____ (Cell) () _____

G. EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO: (Home) () _____ (Work) () _____

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO: (Home) () _____ (Work) () _____

SIGNATURE: _____ DATE: _____

IF YOU ARE A TENANT, PLEASE COMPLETE THE SECTION BELOW.

TENANT'S ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of and will, in using the Dwelling Unit, Resident Parking Unit and/or Storage Unit rented by me, and the Common Elements, comply with the Condominium Act, the Declaration, the By-laws and the Rules of the Condominium Corporation during the term of my tenancy. I hereby acknowledge that I will be subject to the same duties imposed by the Condominium Act, the Declaration, the By-laws and the Rules as if I was a Unit Owner, except for the payment of Common Expenses (unless otherwise directed by the Condominium Corporation as a result of a default in the payment of permitted sub-tenants and invitees shall also comply with the Condominium Act, the Declaration, the By-laws and the Rules of the Condominium Corporation.

WITNESS WHEREOF, this _____ day of _____, Year _____

Witness _____ Tenant _____

Witness _____ Tenant _____