

BLOCK 24 – CONCORD CITYPLACE



Small Parcel / Envelope / Mail Delivery Waiver Form

Please check one:

- ☐ Building L, 25 Telegram Mews
☐ Building M, 4K Spadina Avenue

SUITE NO.

I/We, listed below, the resident(s) of the above-noted suite/building do hereby release Concord Adex Developments Corp, Andrejs Management and its duly authorized agents and/or employees from any present or future liability arising from the loss, damage or theft of parcels/envelopes/mail for the above-noted suite. This Waiver Form shall include the proposed Condominium Corporation.

SIGNATURE	PRINT NAME	Date

Date Form Received by Concierge	Concierge's Initials

BUILDING M - CONCORD CITYPLACE

Spadina Avenue, Toronto, ON M5V 3Y9

neo.

Declaration / Schedule "A"

TENANT INFORMATION FORM

Suite No. _____ Parking: Level _____ Unit _____ Locker: Level _____ Unit _____

Landlord's Name: _____

Landlord's Permanent Address: _____

Landlord's Telephone: _____ (home) _____ (bus) _____ (cell)

Term of Lease: _____ Commencement date: _____ *Attach copy of lease agreement.***TENANT INFORMATION**

Surname: _____ FIRSTNAME: _____ AGE: _____

Surname: _____ FIRSTNAME: _____ AGE: _____

Surname: _____ FIRSTNAME: _____ AGE: _____

Surname: _____ FIRSTNAME: _____ AGE: _____

Transmitter: 1. _____ 2. _____ 3. _____ 4. _____

VOT REGISTRATION: TYPE / SIZE / NAME _____

DIRECTORY BOARD: NAME TO BE LISTED _____

PHONE NUMBER _____

CONTACT INFORMATION: _____ (home) _____ (bus) _____ (cell)

VEHICLE INFORMATION: MAKE/MODEL _____

LICENSE PLATE _____

EMERGENCY CONTACT: NAME _____

RELATIONSHIP _____

TELEPHONE NUMBER(S): _____ (home) _____ (bus) _____ (cell)

THE EVENT OF AN EMERGENCY, DO YOU REQUIRE ANY ASSISTANCE IN EVACUATING YOUR SUITE? IF YES, PLEASE STATE NATURE OF DISABILITY: _____**Tenant's Undertaking and Acknowledgment**

I hereby acknowledge and agree that I 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 Common Expenses by the Unit Owner). In addition, I will ensure that my family, guests, visitors, agents, permitted sub-tenants and invitees shall also comply with the Condominium Act, the Declaration, The By-Laws and the Rules of the Condominium Corporation.

SIGNED THIS _____ day of _____, 2010.

Landlord's signature _____

Tenant's signature _____

Name (please print) _____

Name (please print) _____

BUILDING M – CONCORD CITYPLACE

4K Spadina Avenue, Toronto, ON M5V 3Y9

neo.**OWNER / RESIDENT INFORMATION SHEET**

(PLEASE PRINT CLEARLY)

SUITE NO: _____ OWNER OCCUPIED or TENANT OCCUPIED DATE: _____
(please circle)**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
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TELEPHONE NO: (H) () _____ (B) () _____

CELLULAR NO: () _____ E-MAIL: _____

OWNER'S SIGNATURE _____ CLOSING DATE: _____

RESIDENT INFORMATION

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

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

DIRECTORY BOARD: NAME TO BE LISTED: _____ PHONE NUMBER: _____

PARKING SPACE/LEVEL: _____ MAKE OF VEHICLE: _____ LIC. PLATE NO: _____

PARKING SPACE/LEVEL: _____ MAKE OF VEHICLE: _____ LIC. PLATE NO: _____

LOCKER UNIT NUMBER/LEVEL: _____ RENTAL INFO (if applicable): _____

TRANSMITTER: #1 _____ #2 _____ #3 _____ #4 _____

PET REGISTRATION: _____

TYPE / SIZE / NAME OF PET

IN THE EVENT OF AN EMERGENCY, DO YOU REQUIRE ANY ASSISTANCE IN EVACUATING YOUR SUITE (BROKEN LEG/HEART CONDITION, ETC.). IF YES, PLEASE STATE NATURE OF DISABILITY AND IF IT IS TEMPORARY:

EMERGENCY CONTACT: (FAMILY / CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____

TEL. NO: (H) () _____ (B) () _____ (C) () _____