OWNER(S) INFORMATION FORM
T.S.C.C. NO. 2513

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

PLEASE PRINT CLEARLY

DATE: _____

BUILDING ADDRESS: _____ UNIT # _____

OWNER'S NAME: _____

ADDRESS: _____

_____

TELEPHONE NO.: H: _____ B: _____

Cell: _____

EMAIL ADDRESS: _____

OCCUPANT'S NAME: _____
(if different than above)
TELEPHONE NO.: H: _____ B: _____

If unit has been leased, complete the Summary of Lease or Renewal Form '5' (attached)

NAMES OF TENANTS
(must be completed by unit owner)

MAKE/YEAR OF VEHICLE: _____
LICENCE NUMBER: _____
MAKE/YEAR OF VEHICLE: _____
LICENCE NUMBER: _____

IN CASE OF EMERGENCY, PLEASE CONTACT

NAME: _____ TEL: _____

Would you require special assistance in case of emergency? YES _____ NO _____

TYPE OF DISABILITY: _____

DO YOU HAVE ANY PETS? IF YES, TYPE AND DESCRIPTION: _____

_____

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: YES _____ NO _____ Please include your fax number _____
or email address _____

Please complete and return this form to Management by fax at (647) 343-9412 or mail to Management Office 58 Orchard View Blvd Toronto, ON M4R 0A2 or email to rosemary.hannah@scpl.ca

To T.S.C.C. 2513

1.   This is to notify you that an original __ or renewal __ (select one) lease __ sublease __ assignment of lease __ (select one) or a renewal of a written or oral lease, sublease or assignment of lease __ has been entered into for:
Dwelling _____ Units(s)_____

On the following terms:

Name of lessee(s)/sublessee(s)/assignee(s): _____

_____

Tel: _____ Fax: _____

Email: _____

Commencement Date: _____ Termination Date: _____

Option(s) to renew: (set out details – ie. first option commencement date) _____

_____

Rental payments: _____
(set out amount and when due)
Other information: _____
(at the option of the owner)

2.   I (we) have provided the above designated lessee(s)/sublessee(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 above designated lease/sublease/assignment of lease is terminated.

Dated this _____ day of _____, 20____ .

_____   _____
Print name of owner   Signature of owner

_____   _____
Print name of owner   Signature

(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: _____ Fax: _____