

Parcel/ Envelope Delivery Release & Waiver Form

MANDATORY:			
I behalf that are clearly identified signature.	_ hereby, authorize to d with my name and	ne Front Desk to suite number as	o accept packages on my attested by my affixed
Neither the condominium nor i as a result of accepting said pa			or any lost or damaged goods
Resident's Name (please print)	<u> </u>	Suite Number	
Resident's Signature	_	Date	
OPTIONAL:			
I the person(s) indicated below.	hereby, authorize Fr	ont Desk to rele	ase my parcel/ envelope to
Authorized Name			
Signature		Date	

TSCC 2444- Nicholas Residences

www.ontario.fsrconnect.ca/TSCC2444

75 St. Nicholas Street | Toronto, ON M4Y 0A5