
TENANT REGISTRATION FORM

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

(PLEASE PRINT CLEARLY):

SUITE NO: _____

DATE: _____

ADDRESS: _____

ENTERPHONE NO: _____

NAME OF REGISTERED UNIT OWNER(S)

SURNAME: _____

FIRST NAME: _____

SURNAME: _____

FIRST NAME: _____

TELEPHONE NO: (H) () _____

(B) () _____

CELL PHONE: _____

TENANT INFORMATION

SURNAME: _____

FIRST NAME: _____

SURNAME: _____

FIRST NAME: _____

SURNAME: _____

FIRST NAME: _____

TELEPHONE (H): () _____

(B): () _____

EMAIL ADDRESS _____

CELL PHONE () _____

NAME TO BE LISTED ON DIRECTORY BOARD: _____

NUMBER OF BEDROOMS: _____

LEASE START DATE: _____ ***LEASE END DATE:*** _____

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A. LOCKER NO: _____ LEVEL: _____

B. PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____ LIC.NO: _____

PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____ LIC.NO: _____

C. KEYS IN YOUR POSSESSION:

LOCKER/BICYCLE ROOM: [] YES [] NO IF "YES", HOW MANY: _____

BUILDING KEY # _____ SUITE KEY # _____ MAILBOX KEY # _____ LOCKER KEY # _____

D. HANDICAP ASSISTANCE REQUIRED: [] YES [] NO

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

HANDICAP: _____

E. DO YOU HAVE PETS? IF "YES", TYPE & DESCRIPTION: _____

(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 _____

PHONE NO: _____

G. EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____

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

NAME: _____ RELATIONSHIP: _____

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

WOULD YOU REQUIRE ASSISTANCE IN AN EMERGENCY? _____

TYPE OF DISABILITY: _____

ORIGINAL LOCK YES _____ NO _____ OLD LOCK YES _____ NO _____

IF NEW LOCK, HAS KEY BEEN GIVEN TO THE OFFICE? YES _____ NO _____

REMOTE CONTROL NUMBERS: _____

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

TENANT'S ACKNOWLEDGEMENT

I hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licensees, from time to time, will in using the unit rented by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of the Tenancy Agreement and my tenancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto. I acknowledge that no pets, as defined by the Declaration, By-Laws and or Rules of the Corporation, are permitted in the unit or on the common elements. I acknowledge that I have received the Declaration, By-Laws and Rules of the Corporation and agree to abide by them.

WITNESS WHERE OF, this _____ day of _____, Year _____

in the City of _____

Witness

Tenant

Witness

Tenant