



Property Management Inc.

OWNER(S) REGISTRATION FORM

FOR FRONTDESK DATA INPUT INAUGRAL – 16 YONGE STREET

IN ORDER FOR US TO UPDATE OUR 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: _____

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Street & Number	Suite No.	City	Province	Postal Code
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TELEPHONE NO: (H) (____) _____ (B) (____) _____

E MAIL ADDRESS: _____

CELL PHONE: _____

RESIDENT INFORMATION

SURNAME: _____

FIRST NAME: _____

SURNAME: _____

FIRST NAME: _____

SURNAME: _____

FIRST NAME: _____

TELEPHONE (H): (____) _____

(B): (____) _____

EMAIL ADDRESS _____

CELL PHONE (____) _____

NAME TO BE LISTED IN "FRONT DESK": _____

NUMBER OF BEDROOMS: _____

TYPE: _____

LEASE START/ MOVE-IN DATE: _____

A. LOCKER NO: _____ LEVEL: _____

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

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

****C. GREY FOBS / GARAGE FOBS / KEYS IN YOUR POSSESSION:**

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

HOW MANY COMMON AREA KEY(S) _____ SUITE KEY(S) _____ MAILBOX KEY(S) _____

SERIAL # ON YOUR FOBS (IF STILL VISIBLE): _____

SERIAL # ON YOUR GARAGE REMOTE: _____

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

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

HANDICAP: _____

E. DO YOU HAVE PETS? [☐] YES [☐] NO ;

IF "YES", TYPE & DESCRIPTION: _____

NAME: _____ PICTURE PROVIDED TO MANAGEMENT OFFICE: [☐] YES [☐] NO

IF NOT, PLEASE PROVIDE ONE. (PICTURE TO BE KEPT ON FILE IN THE OFFICE)

COPY OF LICENCE # (IF APPLICABLE) _____

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 _____

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.

WITNESS WHEREOF, this _____ day of _____, Year _____

in the City of _____

Witness

Tenant

Witness

Tenant



WAIVER

SUITE ENTRY:

I, _____ of suite # _____ do hereby authorize TSCC 1788 and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation's business. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required. I hereby release TSCC 1788 and its duly authorized agents and employees from any present or future liability for such entry or entries.

PARCEL DELIVERY

I, _____ of Suite # _____ do hereby authorize TSCC 1788 and its duly authorized agents and employees to accept small packages, which must be signed for, on my behalf. In so doing I release TSCC 1788 and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged.

These releases are in effect until I notify TSCC 1788 in writing to the contrary.

Witness

Signature

Date

Date

IF YOU HAVE A PET(S) THEN PLEASE COMPLETE THE SECTION BELOW.

Form # C-28-02



Property Management Inc.

PET REGISTRATION FORM OF TSCC 1788 (TOWER A)

RESIDENT'S NAME: _____

SUITE #: _____

TELEPHONE #: _____

NAME OF PET: _____

TYPE: _____

SIZE AND WEIGHT: _____

COLOUR(S): _____

AGE: _____

HOW MANY CAT(S)/DOG(S)/_____ DO YOU HAVE? _____
(please circle one which is applicable)

LICENSE #: _____ EXPIRY DATE: _____
(MM/DD/YY)

VET'S NAME (OPTIONAL): _____

VET'S PHONE # (OPTIONAL): _____

RESIDENT'S SIGNATURE: _____

DATE: _____

PHOTO PROVIDED TO THE MANAGEMENT OFFICE: [] YES [] NO