



## TABLEAU CONDOMINIUMS TENANT INFORMATION FORM

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.

**BUILDING ADDRESS: 125 PETER STREET, TORONTO**

**Unit/Suite Number:** \_\_\_\_\_ **Parking Level & No:** \_\_\_\_\_ **Locker No.** \_\_\_\_\_  
(If Applicable) (If Applicable)

**Owner's Name:** (1) \_\_\_\_\_  
First Name Last Name  
(2) \_\_\_\_\_  
First Name Last Name

**Tenant Names:** (1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

**Telephone Number** Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Vehicle Make/Year/Colour** \_\_\_\_\_ **Licence Plate Number** \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**In-Suite Alarm:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Service Contract With** \_\_\_\_\_

**Bicycle Information (Make/Colour):** \_\_\_\_\_

**Common Area Bicycle Rack Number (if assigned):** \_\_\_\_\_

**Access Fobs Number(s):** \_\_\_\_\_

**Garage Remote Control Numbers:** \_\_\_\_\_

**Do you have pets?** Yes \_\_\_ No \_\_\_ If Yes, type and Description: \_\_\_\_\_

**Would you require assistance in an emergency?** Yes \_\_\_ No \_\_\_

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

**In Case of an Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

**Please complete the Summary of Lease or Renewal Form '5' or attach COPY OF LEASE.  
(Requirement of the Condominium Act).**

**Tenants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

TABLEAU CONDOMINIUMS  
125 Peter Street, Toronto ON M5V 0M2  
Tel: 416-204-9248

Email: [tableaumanager@wilsonblanchard.com](mailto:tableaumanager@wilsonblanchard.com) & [tableauadmin@wilsonblanchard.com](mailto:tableauadmin@wilsonblanchard.com)

**TABLEAU CONDOMINIUMS – 125 PETER STREET, TORONTO**

**PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM**

*Please Complete and Return this Form to Property Management as soon as possible.*

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

UNIT/SUITE #: \_\_\_\_\_

**As required in the condominium corporation's Fire Safety Plan**, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

**Brief description** (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). **Please print.**

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Date Completed \_\_\_\_\_ Resident Signature \_\_\_\_\_

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Condominium Act, 1998 - O. Reg. 49.01  
**SUMMARY OF LEASE OR RENEWAL – FORM 5**  
**(Clause 83 (1) (b) of the *Condominium Act, 1998*)**  
**TABLEAU CONDOMINIUMS**

1. This is to notify you that an original ☐ or renewal ☐ {select one} written ☐ or oral ☐ {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	Unit(s) _____	Level _____
Parking	Unit(s) _____	Level _____
Locker	Unit(s) _____	Level _____

On the following terms:

Name of lessee(s)/sub lessee(s)/assignee(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number, if any: \_\_\_\_\_

E-mail: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Termination: \_\_\_\_\_

Option(s) to renew: (set out details. I.e., 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)/sub lessee(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 \_\_\_\_\_, 200

\_\_\_\_\_  
 (Print name of owner)

\_\_\_\_\_  
 (Signature of owner)

\_\_\_\_\_  
 (Print name of owner)

\_\_\_\_\_  
 (Signature of owner)

(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 No: \_\_\_\_\_ Fax No. (if any): \_\_\_\_\_

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## SCHEDULE 2

Tenant's Undertaking and Acknowledgement

## Tableau Condominiums

I/WE, \_\_\_\_\_, the undersigned, as tenant(s) of Unit\_\_\_\_, Level\_\_\_\_, (the "**Unit**"), according to Tableau Condominiums, do hereby agree and undertake on behalf of myself/ourselves and any resident or occupants of the said unit that I/We shall comply with the provisions of the *Condominium Act, 1998*, S.O. 1998, C.19 (the "**Act**") and the Regulations made thereunder, and all subsequent amendments thereto, as well as the Declaration, By-Laws and Rules of the Tableau Condominiums.

I/We acknowledge that I am/ we are subject to the provisions contained in the said Act, Declaration, By-Laws and Rules of the Corporation.

I/ We further acknowledge receipt of the Declaration, By-Laws and Rules of the Corporation.

I/We intend to occupy the Unit with the persons named above as our principal residence for the stated term of the Lease accompanying this Tenant's Undertaking and Acknowledgement and for no other purpose and I/we further acknowledge and agree that only those persons named in the Tenant Information Form delivered by the undersigned to the Corporation will be entitled to reside in the Unit, subject always to my/our right to have guests and visitors from time to time in accordance with the Rules.

I/We further acknowledge that the Unit is restricted to a maximum of \_\_\_\_\_ persons.

I/We further acknowledge and understand that in the event that I/we or any occupant residing in the Unit contravenes the provisions of the Declaration, By-Laws and Rules of the Corporation, my/our tenancy may be terminated in accordance with the Provisions of the Act.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Tenant's Signature