**ELEVATOR RESERVATION AGREEMENT**

This agreement made this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2013.

between

**Toronto Standard Condominium Corporation No. 1577**

(hereinafter called the “Corporation”)

And

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereinafter called the “Resident”)

Suite Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_, Dundas Street West, Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AND WHEREAS the Resident has consented to the Corporation the use of elevator service for the purpose of

Outgoing Resident [ ] Incoming Resident [ ] Partial Move [ ] Delivery [ ]

A $200.00 refundable damage deposit payable by cheque or money order only to **T.S.C.C. # 1577** must accompany the agreement. The deposit is returnable provided no damage has been caused to the elevator or to any common elements during the move (interior and/or exterior). The cost of repairing any damage will be deducted from the deposit. Repair costs in excess of $200.00 will be charged to the owner of the suite. The requested date and time of use of the service elevator shall be:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disarm FOBS after move out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Yes/No)**

Reservations may take place during the following hours for a maximum of three (3) hours:

Monday to Friday 8:00 a.m. to 8:00 p.m.

Saturday 9:00 a.m. to 5:00 p.m.

I understand and agree to the following conditions:

1. I will be held liable for all damages which may occur as a result of the use of the elevator by me or my agents
2. Reservations may be made only by appointment through the Concierge Desk.
3. All empty boxes and moving cartons are to be dismantled and removed immediately from the corridors.
4. **Furniture will NOT be left at the rear loading dock area for disposal, if it is, there will be a $80 dumping fee charged back to the resident by way of their deposit.**
5. No blockage of corridors or in front of the elevators will be allowed.
6. T.S.C.C. # 1577 will not be held liable for any costs pertaining to the delay, if any, in receiving the elevator as booked above.

I HEREBY ACKNOWLEDGE that I have read the agreement as presented above and hereafter, I agree to the Rules and Regulations in force at T.S.C.C. # 1577 from time to time, and I hereby accept all of the conditions contained herein and in the Rules and Regulations.

I confirm that I have read, understood, and agree to comply with the provisions of this Agreement.

**** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature T.S.C.C. # 1577 / Authorized Signature

**INSPECTION FORM**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION OF AREA** | **BEFORE INSPECTION** | **AFTER INSPECTION** |
| 1. ***GROUND FLOOR*** |  |  |
| Elevator Doors – Interior |  |  |
| Elevator Doors – Exterior |  |  |
| Elevator Floor |  |  |
| Moving Pads |  |  |
| Moving Hall Floors |  |  |
| Cleanliness of Moving Hall |  |  |
| Moving Room Doors |  |  |
| Moving Hall Walls & Ceiling |  |  |
| Patterned Concrete Pad |  |  |
| 1. ***Suite Floor*** |  |  |
| Elevator Doors & Trim |  |  |
| Carpet |  |  |
| Wallpaper |  |  |
| Suite Door |  |  |
| Garbage Room |  |  |
| Other Comments |  |  |

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have inspected the elevator, moving room and corridor of which my suite resides with the Concierge/Superintendent and found it to be in clean and reasonable condition. We agree that if any damages are incurred during our move or delivery the charges relating to the repair will be deducted from the $200.00 deposit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature T.S.C.C. #1577/ Authorized Signature

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**Damage Deposit Returned to Resident on:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**Damage Deposit Received:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Resident Signature)