



RESIDENT INFORMATION SHEET

Building: _____ Suite #: _____ Date: _____
Entry Code: _____ Enterphone Name: _____

REGISTERED OWNER:

Owner(s) Name(s): _____

Residence Telephone: () _____

(Mr.) Business Telephone: () _____

(Mr.) Email Address: () _____

(Mrs./Ms.) Business Telephone: () _____

(Mrs./Ms.) Email Address: () _____

Owner's Address (If other than suite): _____

Name and Address of Mortgagee: _____

TENANT INFORMATION:

Tenant's Name: _____

Lease Agreement Term - From: _____ To: _____

Residence Telephone: () _____

(Mr.) Business Telephone: () _____

(Mr.) Email Address: () _____

(Mrs./Ms.) Business Telephone: () _____

(Mrs./Ms.) Email Address: () _____

COMPLETE LIST OF RESIDENTS:

<u>Resident's Name</u>	<u>Relationship</u>	<u>Birthdays (if under 16 years)</u>
1. _____	_____	____/____/____
2. _____	_____	____/____/____
3. _____	_____	____/____/____

- 4. _____ / _____ / _____
- 5. _____ / _____ / _____
- 6. _____ / _____ / _____

EMERGENCY CONTACTS:

List two (2) Relatives/Friends that can be contacted in an emergency situation only.

Name: _____ Home Phone: _____

Relationship: _____ Other Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Other Phone: _____

EMERGENCY ASSISTANCE:

Please indicate if any Resident(s) require assistance in the event of an emergency:

Name(s): _____

Type of Handicap: _____

PETS:

Type: _____ Name: _____

PARKING:

<u>Space No.</u>	<u>License Plate No.</u>	<u>Vehicle Make/Model/Colour</u>	<u>Remote #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

RENTED PARKING SPACES:

Space No.: _____ From: Bldg./Suite No.: _____ Name: _____

To: Bldg./Suite No.: _____ Name: _____

Date Rented: _____ Expires: _____

License Plate: _____ Make/Model/Colour: _____

LOCKER:

Level and Locker No.: _____ Level and Locker No.: _____

Level and Locker No.: _____ Level and Locker No.: _____

BIKES:

How Many?: _____ Where are they stored?: _____

RULES AND REGULATIONS: (For Office Use Only)

Rules and Regulations Package Issued? Yes _____ No _____

ACCESS CONTROL:

Access Card No.: _____ Name: _____

Access Card No.: _____ Name: _____

Access Card No.: _____ Name: _____

Access Card No.: _____ Name: _____

Access Card No.: _____ Name: _____

Access Card No.: _____ Name: _____

Owner's Signature: _____ Date: _____

TENANT'S ACKNOWLEDGMENT:

I/We _____ acknowledge and agree that I/We, the members of my household, and my guests from time to time, will, in using the Unit rented to me and the Common Elements, comply with the Condominium Act, the Declaration, the By-Laws and all Rules and Regulations of the Condominium Corporation, during the term of my tenancy, and will be subject to the same duties imposed by the above as if I/We were a Unit Owner, except for the payment of common expenses unless otherwise provided by the Condominium Act, or the Declaration.

IN WITNESS WHEREOF, this _____ day of _____, 20____, in the City of Toronto.

Witness

Tenant

Witness

Tenant

Form 5

Condominium Act, 1998

SUMMARY OF LEASE OR RENEWAL
(clause 83 (1) (b) of the *Condominium Act, 1998*)

TO: Toronto Standard Condominium Corporation No. 2368

1. This is to notify you that:

- () a written or oral lease, sublease, assignment of lease;
- () a renewal of a written or oral lease, sublease, assignment of lease.

has been entered into for:

Unit(s) _____, Level(s) _____, Suite No(s) _____

Unit(s) _____, Level(s) _____, Parking Unit

Unit(s) _____, Level(s) _____, Parking Unit

Unit(s) _____, Level(s) _____, Locker Unit

on the following terms:

Name of lessee(s) (or sublessee(s)): _____

Telephone Number: _____

Fax Number, if any: _____

Email Address: _____

Commencement Date: _____

Termination Date: _____

Option(s) to renew: _____

(set out details)

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)/sublessee(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.
4. I (We) hereby certify that all information given above is correct.

DATED this _____ day of _____, 20__.

(Signature of owner(s))

(Print name of owner(s))

(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 number)

(Fax number, if any)

(Email Address)



PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

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

Name:		Telephone:	
Address:			
Unit/Suite Number:			

As required in the condominium corporation's Fire Safety Plan and per the Ontario Fire Code Section 2.8 subsection 2.8.2.1, 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, this includes temporary or permanent disabilities, 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 type below.

Date:			
EMERGENCY INFORMATION			
In case of Emergency Contact:	Name:	Relationship:	
	Home:	Cell:	

BLANKET WAIVER

I the undersigned resident of suite _____ at 70 Forest Manor Road - TSCC 2368, authorize Security staff to accept the following on my behalf:

- COURIER DELIVERIES
- PARCELS
- OTHER (specify) _____

I am aware that security staff will not accept any perishable items (flowers, food, gift baskets etc.) unless specified above. I am also aware that the acceptance of any item is contingent on the availability of secure storage space at the time of delivery. I understand and agree that Security Management Services staff, building Management and the Corporation shall not be liable for any claims concerning or arising out of any missing, damaged or lost items.

"I HEREBY IRREVOCABLY RELEASE THE SECURITY STAFF, THEIR RESPECTIVE EMPLOYEES, OFFICERS, SERVANTS AND AGENTS, TSCC 2368 – EMERALD CITY PHASE 1 CONDOMINIUMS MANAGEMENT AND CORPORATION FROM ANY AND ALL LIABILITY AND CLAIMS HOWSOEVER ARISING FROM THEIR TEMPORARY CUSTODY OF ANY SUCH WRITTEN COMMUNICATION OR PARCELS RECEIVED BY THEM ON MY BEHALF, WHOSOEVER CAUSED."

Resident's Name _____ other alias name _____

List of all other occupants in the suite with authorized resident:

Name _____ other alias name _____

Name _____ other alias name _____

Name _____ other alias name _____

Name _____ other alias name _____

Name _____ other alias name _____

Name of Others Authorized to Pick Up on My Behalf: (Photo ID is required)

Name _____ other alias name _____ Relationship _____

Resident's Signature _____ Date _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Note. This authorization contains a clause limiting the liability of the Security Staff, Building Management and Condominium Corporation.