

# 21 SCOLLARD STREET

## OWNER / RESIDENT INFORMATION FORM

Date of Closing/Lease Commencement: \_\_\_\_\_

Suite No. : \_\_\_\_\_

### Registered Owner Information

First Name	Last Name	Residence Phone #	Business Phone #	Cellular Phone	E-mail Address
------------	-----------	-------------------	------------------	----------------	----------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Owner's Power of Attorney/Authorized Person (if any)

Name	Contact Phone No.	Mailing Address /E-mail Address
------	-------------------	---------------------------------

### Owner's Mailing Address:

Is the occupant a tenant or owner? (Please check)      Owner Occupied \_\_\_\_\_ Tenanted \_\_\_\_\_

Number of Occupants :      Adults \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_

### Resident(s) /Tenant(s) Information

First Name	Last Name	Residence Phone #	Business Phone #	Cellular Phone #	E-mail Address
------------	-----------	-------------------	------------------	------------------	----------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Vehicle Information :

Parking Space	Make and Model	Color	Plate #	Rent to /Rent From
---------------	----------------	-------	---------	--------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Access Fob #: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Remote Control #: \_\_\_\_\_      Locker # (if any) : \_\_\_\_\_

Do you have a pet? (Please check) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate type and description. Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

### Emergency Contact :

Name	Residence Phone #	Business Phone	Cellular Phone #	Relationship
------	-------------------	----------------	------------------	--------------

In the event of an emergency, are there any disabled residents in your unit who would require assistance to evacuate the building ?

Name \_\_\_\_\_ Nature of Disability \_\_\_\_\_

The resident hereby consents to the Corporation's collection and use of the above noted personal information which the Corporation requires for the safety and security of the residents and the property. The Corporation will not sell, distribute or otherwise provide such personal information to others unless in relation to the stated purpose or a purpose that is in accordance with and consistent with the Condominium Act, 1998.

Signature of the owner/resident \_\_\_\_\_

Date \_\_\_\_\_

**The Villas**  
AT 18 YORKVILLE

**SUNDRY REQUEST FORM**  
**21 Scollard Street**

Garage Remote(s)	Qty: _____	Cost: \$75.00 each
Perimeter Card/Fob(s)	Qty: _____	Cost: \$75.00 each
Mailbox Lock & 2 Keys	Qty: _____	Cost: \$45.00
Locker Room Key(s)	Qty: _____	Cost: \$15.00 each
Heat Pump Filter	Qty: _____	Cost: \$10.00 each
Fire/Smoke Detector	Qty: _____	Cost: \$75.00 each

**Please make cheque payable to T.S.C.C. 1740**

Name: \_\_\_\_\_ Owner: \_\_\_\_\_ Tenant: \_\_\_\_\_

Suite Number: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

**For Office Use Only**

Garage Remote(s): \_\_\_\_\_ Fob(s): \_\_\_\_\_

Locker Key(s): \_\_\_\_\_ Mailbox Lockset: \_\_\_\_\_

Common Element Key(s): \_\_\_\_\_ HP Filter: \_\_\_\_\_

Payment Received:\$ \_\_\_\_\_ Approval: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

# 18 YORKVILLE AVENUE & 21 SCOLLARD STREET

## ENTRY PHONE REGISTRATION FORM

Date of Registration Request \_\_\_\_\_

Please arrange to have the following name appear on the Enterphone System

Name \_\_\_\_\_  
(Please print clearly the way you wish your name to appear on the directory)

Address \_\_\_\_\_

Suite # \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Owner or Tenant (Please circle one)

If you find that your name and code for your unit has not been posted on the Enterphone within 7 days please notify the Management Office

Brookfield Residential Services Ltd  
Agents for and on behalf of TSCC 1724 and TSCC1740

Kelly MacLellan  
Property Manager

Office Use Only:

Date Request was Entered \_\_\_\_\_ Entered By \_\_\_\_\_

# T.S.C.C. 1740 – 21 SCOLLARD STREET

## ELEVATOR RESERVATION AGREEMENT

This reservation request is for the use of the service elevator for the purpose of a move-in/move-out delivery, and for any large item deliveries that require the use of a service elevator.

**Move ins/out and deliveries are allowed from 10:00 a.m to 4:00 p.m on Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. No move ins/outs on Sunday or holidays!**

Reservation request by \_\_\_\_\_ Suite Number \_\_\_\_\_

Home Tel ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Outgoing Resident \_\_\_\_\_ Incoming Resident \_\_\_\_\_

Delivery/Movers \_\_\_\_\_

The date and time of the reservation shall be \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_\_ a.m / p.m to \_\_\_\_\_ a.m / p.m  
Day Month Year (Maximum 3 hours)

Indicate reasons for elevator: ( ) Move-in ( ) Move out ( ) Delivery ( ) Renovations

I understand and agree to the following conditions:

1. I shall deposit with the Corporation upon signing of this agreement, a **NON REFUNDABLE FEE OF \$75.00** by certified cheque or money order and a refundable security/damage deposit in the amount of \$500.00 by cheque payable to TSCC1740. This amount will be refunded upon completion of the move, provided that I have not caused any damage to the common elements of the corporation and upon surrender to the manager or its staff all common element keys and garage access devices in my possession.
2. I shall notify the Manager or Superintendant and request an inspection of the elevator immediately prior to using the same. Upon completion of the move or delivery, I shall forthwith request a re-inspection of the elevator and adjacent common elements.
3. I shall be liable for the full cost of all repairs to any damage, which may occur as a result of the use of the elevator by me or my agents. I shall accept the cost of repairs as assessed by the manager and acknowledge that all or part of the security/damage shall be withheld and applied towards the cost of repairs.
4. I shall only use the elevator during the term of the reservation.
5. I shall take reasonable precautions to prevent unauthorized entry into the building during the term of the reservation.
6. I shall not obstruct corridors and elevator lobbies prior to, during or after the term of the reservation.
7. I agree the protective pads shall be in place prior, during and after and/or until completion of the final inspection.

I hereby acknowledge I have read this Agreement and I agree to abide by the Rules of the Corporation in force from time to time.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

### AREA INSPECTED

Loading Area

Walkways

Ground Level Lobby & Doors

Elevator Doors/Frames

Corridor Floors/Walls

All Fixtures

Suite Door

### BEFORE

_____
_____
_____
_____
_____
_____
_____

### AFTER

_____
_____
_____
_____
_____
_____
_____

Checked by \_\_\_\_\_

Date and time of checking \_\_\_\_\_