



Resident Registration Form

Address	Select address (✓)	Suite #	
500 Sherbourne			
150 Homewood Ave.			

Landlord information OFFICE USE ONLY

Name:		Name:	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Email address		Email address	
Start Date of Lease			

Tenants Information

Name:		Name:	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Email address		Email address	
FOB #		FOB #	
Remote #		Remote #	

Locker Information

Locker # 1	
Locker # 2	

Parking Information

Parking Space (1st vehicle)			
License Plate #		Province	
Make of Vehicle			
Colour			

Parking Space (2nd vehicle)			
License Plate #		Province	
Make of Vehicle			
Colour			

Emergency Contact Person

Name		Relationship	
Home Phone #			
Cell Phone #			
Business #			

Pet information (Maximum 2)

Type of Pet	Name of pets	Colour



Residents In Need Of Assistance

Yes _____ No _____

Information we should know in an emergency with regards to any special requirements of disabilities (Please Specify)

Name	
Signature	
Date	

Yes _____ No _____

Information we should know in an emergency with regards to any special requirements of disabilities (Please Specify)

Name	
Signature	
Date	

YOUR PHOTO IS REQUIRED

Dear New Unit Owner / Resident:

In order to maintain a high standard of security in the building we have a comprehensive security program for all the safety of all residents.

This program includes a digital photo of all residents. Each resident's picture will be assigned to their individual key fob or garage remote.

This allows the Concierge staff to view the resident's photo each and every time you enter the building. In addition the Concierge will be able to confirm that each individual actually resides in the building.

The co-operation of all residents with this program is important and we appreciate your understanding and co-operation.

Thank you

Sincerely

PRINCIPLE PROPERTY MANAGEMENT

As Agent for and on behalf of TSCC 2123

Milos Totic

Senior Property Manager



Parcel Delivery - Waiver

I, the undersigned resident of suite # _____ located at _____ authorize Security Staff to accept the following on my behalf:

- () Registered Mail
- () Courier Deliveries
- () Parcels

I am 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 the Security 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 release the Security Staff, their respective employees, Building Management and the Corporation from any and all liability and claims howsoever arising from their temporary custody of any such deliveries or parcels received by them on my behalf “

Resident's name			
Residence's Signature			
Home phone #		Cell phone #	
Date			

List of all other occupants in the suite with authorization to pick any delivered items:

Occupant name		Signature	
Date			
Occupant name		Signature	
Date			