

OWNER/RESIDENT 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. Please state **NOT APPLICABLE** where necessary.

BUILDING NAME/ CORPORATION NUMBER:		PSCC 807			
BUILDING ADDRESS:		90 Absolute Avenue, Mississauga, ON L4Z 0A3			
Unit/Suite Number:		Parking Level & Number:		Locker Number:	
OWNER INFORMATION					
1. Owner's Name:					
		<small>First Name</small>		<small>Last Name</small>	
2. Owner's Name:					
		<small>First Name</small>		<small>Last Name</small>	
Address (if different from above):					
Home Phone:		Business Phone:		Cell:	
Email Address:					
ENTER-PHONE SYSTEM					
1. Enter-phone Name: (16 characters max)					
Enter-phone Number:					
2. Enter-phone Name: (16 characters max)		N/A			
Enter-phone Number:	N/A				
OCCUPANT / TENANT INFORMATION					
Occupant Names:	1.		Phone:		
	2.		Phone:		
	3.		Phone:		
VEHICLE / BICYCLE / PET INFORMATION					
1. Vehicle Make:		Plate:		Year:	
2. Vehicle Make:		Plate:		Year:	
Bicycle Make:				Colour:	
Bicycle Rack Number:					
Pets:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type/Description:		
ALARM INFORMATION					
In-Suite Alarm:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Service Provider:		GUARDTEK
Access Card/Fob:		Suite Key:		Garage Remote Number:	
EMERGENCY INFORMATION					
Do you require assistance in an emergency			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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:			Assistance Required:		
Name:			Assistance Required:		
In case of Emergency Contact:		Name:	Relationship:		
		Home:	Cell:		
<i>If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal attached. (Requirement of the Condominium Act).</i>					

Dated this: day of

I,

, certify that all the information above is correct.

Print Name

Condominium Act, 1998 - O. Reg. 49.01
SUMMARY OF LEASE OR RENEWAL
(Clause 83 (1) (b) of the Condominium Act, 1998)

BUILDING NAME/ CORPORATION NUMBER:		PSCC 807	
BUILDING ADDRESS:		90 Absolute Avenue, Mississauga, ON L4Z 0A3	
UNIT/SUITE NUMBER:			
LEASE / SUBLEASE / RENEWAL			
This is to notify you that an original lease, sublease or lease renewal (select one)			
Original Lease:	<input type="checkbox"/>	Sublease:	<input type="checkbox"/>
		Renewal:	<input type="checkbox"/>
Entered into for the following:			
Dwelling	Unit(s):	Level:	
Parking	Unit(s):	Level:	
Locker	Unit(s):	Level:	
TERMS			
Name of individual Lessee(s) or Sub lessee(s)	1.		
	2.		
	3.		
Telephone:		Cell:	
Email:			
COMMENCEMENT DATE (MMM / DD / YYYY):			
EXPIRY DATE (MMM / DD / YYYY):			
RENTAL PAYMENT AMOUNT (MMM / DD / YYYY):	\$	DUE DATE (MMM / DD / YYYY):	
Other Information:			

- 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.
- 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.
- I (We) hereby certify that all information given above is correct.

Dated this: day of ,

Print Name of Owner

Print Name 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:



ENTERPHONE REGISTRATION

RESIDENT NAME: _____

SUITE NUMBER: _____ DIRECTORY NUMBER: _____

NAME, AS IT WILL APPEAR: _____
NOTE - MAXIMUM 15 CHARACTERS, FORMAT MUST BE "LAST NAME, FIRST INITIAL"

PHONE NUMBER: _____
NOTE - THE SYSTEM CAN BE CONNECTED TO A CELL PHONE, BUT NOT TO A LONG
DISTANCE NUMBER

RESIDENT SIGNATURE: _____

.....
FOR OFFICE USE ONLY

DATE ENTERED: _____

MANAGEMENT SIGNATURE: _____



RECREATION CENTRE WAIVER

FAILURE TO PROPERLY COMPLETE THIS FORM WILL RENDER IT INVALID. ACCESS WILL BE IMMEDIATELY SUSPENDED PENDING THE COMPLETION OF A NEW WAIVER FORM. ONLY ONE (1) WAIVER FORM WILL BE ACCEPTED FOR EACH UNIT. ALL RESIDENTS MUST BE LISTED ON ONE FORM.

In consideration for participation in activities at The Absolute Club, I hereby agree on my behalf and on behalf of the minor(s) listed below to the following:

I understand that participation at The Absolute Club can be risky and that risks of injury include without limitation, scrapes, bruises, cuts, and even more serious injuries, and I fully accept and agree to assume all of these risks, for myself and all those listed below whose behalf I have signed on. I understand that it is my responsibility to supervise the children listed below when they are participating in any and all activities at The Absolute Club, not the responsibility of The Absolute Club or its staff. I understand that each unit is only allowed up to four guests (unless I have a private party room booking) and that I am responsible for them as well. I will obey and will make sure that all those listed below, as well as all guests, obey the rules of The Absolute Club that were given to me. I understand that violation of rules could result in expulsion from The Absolute Club.

With full understanding of the risks stated above, I, for myself and all the those listed below, hereby release, hold harmless and forever discharge and covenant not to sue The Absolute Club, its owners, management companies, staff, and all other persons acting on its behalf, for any injury at or related to The Absolute Club. I agree and understand that this agreement is binding on myself and all children listed below. I understand that the use of the Absolute Club is for residents only and their guests accompanied by a resident. I understand that this is a permanent waiver to be kept on file by The Absolute Club. Proof of residency will be required before club I.D. will be provided for The Absolute Club. By signing below, I certify that I have read and understand the rules of The Absolute Club and will obey them and the staff of The Absolute Club.

**ALL ADULT RESIDENTS MUST SIGN THIS FORM IN ORDER TO VALIDATE THEIR CLUB ACCESS.
IF THE RESIDENT IS A MINOR, PLEASE WRITE "MINOR" IN THE SIGNATURE LINE.**

UNIT #: _____ OF 90 ABSOLUTE AVENUE

NAME (1): _____ SIGNATURE: _____

NAME (2): _____ SIGNATURE: _____

NAME (3): _____ SIGNATURE: _____

NAME (4): _____ SIGNATURE: _____

FOB NUMBERS: _____

(LIMIT ONE PER ADULT RESIDENT)

DATE: _____ PHONE #: _____

APPROVED BY MANAGEMENT NAME: _____ DATE: _____

PROCESSED BY SECURITY NAME: _____ DATE: _____

ABSOLUTE SHARED FACILITIES
76 Absolute Avenue | Mississauga, ON L4Z 0A5
Tel 905.896.2010 | Fax 905.896.1821



FirstService Residential | Ontario
89 Skyway Avenue | Suite 200 | Toronto, ON M9W 6R4
Tel 416.293.5900 | Fax 416.293.5904
www.fsresidential.com

Resident Care 1.855.244.8854