

TORONTO STANDARD CONDOMINIUM CORPORATION NO. 2061

ENTERPHONE REGISTRATION FORM

DATE: _____

Please arrange to set up the Enterphone System for the following:

SUITE NO: _____

RESIDENT NAME(S): _____

This request is to (please check one):

- ☐ Change/Delete a previous entry.
- ☐ New resident.
- ☐ Change in telephone number.

Please print clearly the name as you would like it to appear on the Enterphone System to a maximum of 15 characters, including spaces:

Please print clearly the local telephone number that you would like programmed into the Enterphone System:

Programming your information into the Enterphone System may take up to 7 days. If after 7 days your information does not appear in the system, please contact the property management office.

To grant access to your guests once your information has been programmed into the system, please press 9 on your telephone keypad. If you are on the telephone and you do not subscribe to call waiting your guests will have to wait until you are off the telephone.

Journal

Journal of the [illegible] [illegible]

[illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

FORM 5
SUMMARY OF LEASE OR RENEWAL
(CLAUSE 83 (1) (b) of the *Condominium Act, 1998*)
BOUTIQUE 1 - TSCC NO. 2061

1. This is to notify you that:

Select One:	<input type="checkbox"/> Original <input type="checkbox"/> Renewal
Select One:	<input type="checkbox"/> Written <input type="checkbox"/> Oral
Select One:	<input type="checkbox"/> Lease <input type="checkbox"/> Sublease assignment of lease <input type="checkbox"/> Renewal of lease

has been entered into for:

Dwelling:	Unit(s): _____	Level: _____	
Parking:	Unit(s): _____	Level: _____	
Locker:	Unit(s): _____	Level: _____	

on the following terms:

Name of Lessee(s) or sub lessee(s): _____

Telephone Number: _____

Email: _____

Fax Number (if any): _____

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 (strike out whichever is not applicable: lessee(s), sub lessee(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 (strike out whichever is not applicable: lease, sublease, assignment of lease) is terminated.

Dated this _____ day of _____, _____

OWNER 1:

(signature of owner)

(print name of owner)

OWNER 2:

(signature of owner)

(print name of owner)

OWNER 3:

(signature of owner)

(print name of owner)

OWNER 4:

(signature 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 number)

(fax number, if any)

OWNER & RESIDENT INFORMATION FORM

THE FOLLOWING INFORMATION WILL ALLOW PROPERTY MANAGEMENT TO SET UP RECORDS IN ORDER TO PROPERLY SERVICE YOU. ALL INFORMATION WILL BE KEPT CONFIDENTIAL. THANK YOU.

PLEASE PRINT CLEARLY.

SUITE NO.: _____ DATE: _____

NAME OF SUITE OWNER(S):

First Name:

Last Name:

First Name:

Last Name:

PLEASE CHECK ONE OF THE FOLLOWING:

I/We will be living in the suite:

☐

Yes

☐

No

I/We will be leasing/renting the suite:

☐

Yes

☐

No

IF YOU WILL BE LEASING/RENTING YOUR SUITE A COPY OF THE LEASE AGREEMENT EXECUTED BY BOTH THE OWNER(S) AND TENANT(S) MUST BE PROVIDED TO THE PROPERTY MANAGEMENT OFFICE BEFORE YOUR TENANT(S) MAY OCCUPY THE UNIT.

IF YOU WILL NOT BE RESIDING AT BOUTIQUE 1 (21 NELSON STREET) PLEASE PROVIDE YOUR MAILING ADDRESS.

Mailing Address: _____

Home Tel. No.: _____

Business Tel. No.: _____

Cell Tel. No.: _____

Email Address: _____

IF A POWER OF ATTORNEY HAS BEEN APPOINTED ON YOUR BEHALF TO REPRESENT THE BUSINESS AFFAIRS PERTAINING TO YOUR SUITE PLEASE BE ADVISED THAT A COPY MUST BE SUBMITTED TO THE PROPERTY MANAGEMENT OFFICE.

Power of Attorney: Yes ☐ No ☐

RESIDENT INFORMATION:

For each individual who will be living in the suite please provide the following information:

First Name	Last Name	Relationship to Owner/Lessee	Contact Number
First Name	Last Name	Relationship to Owner/Lessee	Contact Number
First Name	Last Name	Relationship to Owner/Lessee	Contact Number
First Name	Last Name	Relationship to Owner/Lessee	Contact Number

(CONTINUED ON REVERSE)

HANDICAPPED/DISABILITY ASSISTANCE?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Details of Assistance Required:

EMERGENCY INFORMATION:	
Contact 1: Name: _____ Relationship: _____ Home Tel. No.: _____ Cell No.: _____	Contact 2: Name: _____ Relationship: _____ Home Tel. No.: _____ Cell No.: _____

VEHICLE INFORMATION (IF APPLICABLE):				
Parking Space No.: _____	Level: _____	Parking Space No.: _____	Level: _____	
Parking Space No.: _____	Level: _____	Parking Space No.: _____	Level: _____	
(1) Make: _____	Model: _____	Colour: _____	Year: _____	License Plate No.: _____
(2) Make: _____	Model: _____	Colour: _____	Year: _____	License Plate No.: _____
If you are renting your parking space please advise the name and suite number of who you are renting it to: Name: _____ Suite No.: _____				

LOCKER INFORMATION (IF APPLICABLE):			
Locker No.: _____	Level: _____	Locker No.: _____	Level: _____
Locker No.: _____	Level: _____	Locker No.: _____	Level: _____

ACCESS TAG & GARAGE REMOTE INFORMATION:	
Number of Access Tags: _____	Codes: _____
Number of Garage Remotes: _____	Codes: _____
If you are unable to identify the codes for your access tags or garage remotes, security will be able to assist you.	

PET INFORMATION:	
Do you have a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type and description: _____	
Tag No. (If Applicable): _____	

If at any time the above information changes, please notify the property management office immediately.