



**MTCC 961
BUILDING INFORMATION
PLEASE RETURN THIS SECTION
TO
THE MANAGEMENT OFFICE**

Thank You



801 KING STREET WEST – TORONTO – ONTARIO – M5V 3C9

RESIDENT INFORMATION SHEET

(TO BE COMPLETED BY NEW OCCUPANTS)

Note: Please Return to the Management Office Completed

Suite #

Registered Owner(s) Name	*
	*
Other Occupant(s) Name(s) Others persons residing in the unit	*
	*

OFFSITE OWNER []

ONSITE OWNER []

Address (Non Resident – Offsite address)				
Business Number(s)	Name	*	#	Ext:
	Name	*	#	Ext:
Mobile Number(s)	Name	*	#	
	Name	*	#	
Home Number(s)	#		#	
Email Address	*			
Tenant Name(s)	*			
	*			
	*			
	*			

CITYSPHERE CONDOMINIUMS – TENANT INFORMATION ONLY

Duration Of Lease:**From:**

/ /

To:

/ /

Home Number	#	#	
Business Number(s)	Name	*	#
	Name	*	#
Mobile Number(s)	Name	*	#
	Name	*	#

FOR BOTH OWNER'S & TENANT'S USEName(s) to be displayed on the
Enterphone systemTelephone # to be used (must be cell
phone or home phone number)

Do You Have Pets? Yes [] No []



**Note: Only 1 Dog Is Allowed According To The MTCC 961 Declaration
Under 30 lbs (when fully grown)**

Type of Pet(s): _____ Weight: _____ Lbs

PARKING INFORMATION:

Vehicle Owners Name

*

Parking Space #

License #

Vehicle Type

Vehicle Color

Vehicle Owners Name

*

Parking Space #

License #

Vehicle Type

Vehicle Color

Storage Locker #

Emergency Contact Information:

Name Of Person: _____

Telephone Number: _____ Relationship: _____

Notes: _____

Resident's Signature

Resident's Signature



TORONTO FIRE DEPARTMENT FIRE SAFETY PLAN

NOTICE TO ALL RESIDENTS

Dear Resident,

In order to ensure your safety during an emergency situation in the building, we are asking your co-operation in filling out the information requested below on any person or pets residing in your suite who would/may require special assistance in an evacuation.

All information received will be kept strictly confidential and will enable us to be of assistance in the event of any emergency (i.e.: Fire)

Please return the completed form to the Management Office Immediately.

Thank you.

Updated On			
	DD	MM	YEAR

Persons Requiring Assistance During An Emergency (Also, Please list pets residing in your suite)

Floor	Resident Name(s) / Type Of Pet	Suite #	Reason

PERSONS REQUIRING ASSISTANCE

Refer to the Occupant Fire Emergency Procedures – See Pages B-2 to B-5

MTCC 961 RULES

DATE: _____

SUITE #: _____

RULES:

By signing this form, I agree that I have received a copy of the MTCC 961 Corporation's Declaration, By-Laws, and Rules from my lawyer, and that I agree to abide by them, and any other regulations passed by the Board of Directors. This applies to all residents of my suite, as well as any agents or visitors.

PETS:

I understand and agree with the Declaration of the Corporation that **ONLY ONE DOG WEIGHING LESS THAN 30 POUNDS** is permitted per suite.

WINDOW COVERINGS:

I understand that window coverings such as blinds or drapery must be either white, beige or off-white in colour on the exterior side. Not permitted are other colours or any patterns showing on the exterior side.

UNDERGROUND PARKING:

I agree that as a resident of MTCC 961, only I will park my vehicle which is registered with the management office, in the parking spot owned or leased by me. Resident parking is **NOT PERMITTED** in Visitor Parking. I agree that my parking spot must be kept clean of oil, gas or anti-freeze, and that my vehicle must be kept in good repair and roadworthy condition at all times. Should a spill occur in my parking spot due to my vehicle leaking, I understand I could be responsible for a Clean-up Charge for the parking spot, to remove the fluid which leaked. I further agree that my parking spot is to be used only for parking my single passenger vehicle not more than 6'-0" in height. Storage of items of any kind is not permitted.

I agree to indemnify and hold harmless MTCC 961, its Directors, Employees, Agents and Managers, against all losses, damages, expenses, action suits or claims sustained by the owners/residents/guests of the above suite, for any matters arising from the above request.

DELIVERIES/PARCELS:

I further request that perishable goods, such as, but not limited to, gift baskets, flowers, balloons, can be accepted on my behalf, and if not picked up by myself or an appointed person, such goods may be disposed of after two days of attempted contact by telephone and/or messages left or written notice. Such items not to exceed 10 pounds in weight.

RESIDENT SIGNATURE: _____

PRINT NAME: _____ Date: _____

MTCC 961
W A I V E R FOR DELIVERIES and PARCEL ACCEPTANCE

February 11, 2008.

Suite #:	801 King Street West - MTCC 961
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- ◇ IN ORDER TO UPDATE OUR RECORDS, AND TO ENSURE THAT YOU HAVE AUTHORIZED US TO ACCEPT SMALL PARCELS ON YOUR BEHALF, WE REQUIRE YOU TO SIGN AND DELIVER THIS FORM TO THE CONCIERGE DESK AS SOON AS POSSIBLE. PLEASE NOTE THAT IF WE DO NOT RECEIVE THIS FORM BACK, WE WILL BE UNABLE TO ACCEPT PARCELS FOR YOUR SUITE UNTIL SUCH TIME AS YOU COMPLETE AND RETURN THE FORM.
- ◇ ADDITIONAL FORMS ARE AVAILABLE AT THE CONCIERGE DESK, IF YOU WISH TO STOP BY TO SIGN IT. *Thank you!*

By signing this Waiver, I request that the Concierge will accept small parcels on my behalf, which comply with the PARCEL POLICY of the Corporation.

Said policy states that deliveries will be confined only to those items being delivered which: -

1. are no more than 10 pounds in weight, that can easily be handled.
2. will easily fit 'through' the 15-1/2" by 41" sliding window at the Concierge Desk from the enterphone area. Note: Larger items that will not fit through the window cannot be accepted, because they cannot be brought in through the lobby). There is no storage facility available for large items.
3. are not electronic equipment items: such as televisions, MP3 or DVD/VHS players, cell phones, computers, printers, cable boxes, stereos, small appliances, to name only a few. They will not be accepted if they are considered electronic.

Perishable Goods:

I request that perishable goods, such as, but not limited to, gift baskets, flowers, balloons, can be accepted on my behalf, and if not picked up by myself or an appointed person, such goods may be disposed of after two (2) days of attempted contact by telephone and/or messages left or written notice.

This policy was designed for the protection of the MTCC 961 resident's property. It should be noted that storage facilities are not available at the Concierge area, other than limited room available for small items as stated above. Your parcel must be picked up within a 24-hour period of notification of delivery, due to a lack of storage space.

PLEASE ADVISE YOUR DELIVERY COMPANY OF THIS BUILDING POLICY IN ADVANCE OF ATTEMPTING A DELIVERY. FOR LARGE DELIVERIES, IT IS THE OWNER'S RESPONSIBILITY TO RESERVE THE SERVICE ELEVATOR IN ADVANCE, WITH THE CONCIERGE.

I AGREE to indemnify and hold harmless MTCC 961, its' Directors, Employees, Agents and Manager's, against all losses, damages, expenses, action suits or claims sustained by the owners/residents/guests of the above suite, for any matters arising from the above request.

AUTHORIZATION BY:

RESIDENT SIGNATURE: _____ Suite #: _____

PRINT NAME: _____ DATE: _____