



## Empress Plaza II

### RESIDENT REGISTRATION FORM

SUITE NUMBER:

.....

#### OWNER'S RECORD

Owners Name: ..... Res. Tel ( ) ..... Bus. Tel ( ) .....

Owners Name: ..... Res. Tel ( ) ..... Bus. Tel ( ) .....

Entry Display Name..... Access Phone Number ( ).....

Security Access Key FOB Number 1) ..... 2)..... 3) ..... 4) .....

#### OFF SITE OWNERS:

Address: ..... Postal Code: .....

Res. Tel. ( ) ..... Bus. Tel. ( ) .....

**E-mail address:** .....

**2<sup>nd</sup> E-mail address:** .....

**Alternative Contact Name:** ..... Tel. ( ) .....

#### **TENANT RECORD:**

Suite Leased: Yes..... No..... Date Leased..... Lease Expiry Date..... Lease on File: Yes.....No.....

Tenant's Name: ..... Res. Tel. ( ) ..... Bus. Tel ( ) .....

Tenant's Name: ..... Res. Tel. ( ) ..... Bus. Tel ( ) .....

**E-mail address:** .....

**LEASING AGENT:** ..... Bus. Tel. ( ) ..... Cell ( ) .....

#### **OCCUPANT RECORD (INCLUDE NAMES OF ALL PERSONS LIVING IN UNIT , AS ABOVE, IF AN OCCUPANT)**

Occupant' Name: .....

.....

#### **VEHICLE RECORD**

Parking Spot No. .... Level P .... License No ..... Description .....

Parking Spot No. .... Level P .... License No ..... Description .....

#### **LOCKERS**

Your locker number is: Level ..... Door No. .... Locker No.....

A padlock is required for your locker cage. Please ensure you carry adequate insurance for your locker contents.

## PET RECORD

Breed : \_\_\_\_\_ Name : \_\_\_\_\_ Colour : \_\_\_\_\_ Age : \_\_\_\_\_ Weight : \_\_\_\_\_

## EMERGENCY RECORD

The Ontario Fire Code requires that we maintain an up to date list of occupants who may require assistance in an emergency. Please indicate below if your name should be added to this list and what the nature of your medical condition is. (This information as well as all other information on this form is held in the strictest confidence.)

Does any occupant require **assistance** in an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_ Which Occupant (name) \_\_\_\_\_

Assistance Required (i.e. help walking, needs to be carried, help with oxygen apparatus, etc):  
\_\_\_\_\_

In case of an emergency whom should management call?

Full Name: \_\_\_\_\_ Res. Tel. ( ) \_\_\_\_\_ Bus. Tel. ( ) \_\_\_\_\_

## KEYS & LOCKS

Management must have **access to all suites** in case of an emergency. If your suite is fitted with a special lock to your door which disallows suite entry by use of building MASTER KEY, does the management office have a KEY to your lock?

YES ..... NO .....

Note: if your lock is not accessible by the master key and you have not given a key to the superintendent or manager, then you are responsible for any damage done to the suite door, frame and related materials and equipment in the event that emergency access is required to your suite.

**Vacation Absence:** Do you go on vacation for any extended periods of time? Yes..... No.....

If yes, please provide alternative contact information for Management to use to reach you during this vacation period.

Ph. No. ....

Address: .....

City .....

Province/State .....

Country .....

**Note:** it is imperative that you maintain proper insurance coverage for contents, liability (including charge-backs), and betterments and improvements.

Notices that are required to be given to the owner may be sent by fax, electronic email or other method of electronic communication: **Yes** ..... **No** ..... (Initial) .....

**SIGNATURE:** ..... **DATE:** .....

## TENANTS **MUST** READ AND SIGN THIS FORM:

As required by the Condominium Corporation:

"I covenant and agree that I, the members of my household and my guests from time to time, will, in using the common elements and the unit rented by me comply with the Condominium Act, the Declaration and the By-laws, and all Rules and Regulations of the Condominium Corporation during the term of my tenancy."

PRINT TENANT'S FULL NAME: .....

SIGNATURE OF TENANT: ..... DATE: ..... SUITE NO .....

PLEASE COMPLETE AND RETURN THIS FORM TO  
THE EMPRESS PLAZA II MANAGEMENT OFFICE OR CONCEIRGE  
OR  
FAX TO 416-224-9949