



## TENANT(S) REGISTRATION FORM

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

(PLEASE PRINT CLEARLY):

SUITE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### **NAME OF REGISTERED UNIT OWNER(S)**

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE) \_\_\_\_\_

Street & Number

Suite No.

City

Province

Postal Code

TELEPHONE NO: (H) ( ) \_\_\_\_\_

(B) ( ) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### **RESIDENT INFORMATION**

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

TELEPHONE (H): ( ) \_\_\_\_\_

(B): ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

NAME TO BE LISTED ON DIRECTORY BOARD: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

TYPE: \_\_\_\_\_

LEASE START DATE: \_\_\_\_\_

A. LOCKER NO: \_\_\_\_\_ LEVEL: \_\_\_\_\_

B. PARKING SPACE: \_\_\_\_\_ LEVEL: \_\_\_\_\_ COLOUR/TYPE OF VEHICLE \_\_\_\_\_ LIC NO: \_\_\_\_\_

PARKING SPACE: \_\_\_\_\_ LEVEL: \_\_\_\_\_ COLOUR/TYPE OF VEHICLE \_\_\_\_\_ LIC NO: \_\_\_\_\_

C. KEYS IN YOUR POSSESSION:

LOCKER/BICYCLE ROOM: ☐ YES ☐ NO IF "YES", HOW MANY: \_\_\_\_\_

BUILDING KEY # \_\_\_\_\_ SUITE KEY # \_\_\_\_\_ MAILBOX KEY # \_\_\_\_\_ LOCKER KEY # \_\_\_\_\_

D. HANDICAP ASSISTANCE REQUIRED: ☐ YES ☐ NO

IF "YES" PLEASE LIST SPECIAL REQUIREMENTS: NAME: \_\_\_\_\_

HANDICAP: \_\_\_\_\_

E. DO YOU HAVE PETS? IF "YES", TYPE & DESCRIPTION: \_\_\_\_\_

(PICTURE TO BE KEPT ON FILE IN THE OFFICE)

F. ARE YOU ABSENT DURING ANY PART OF THE YEAR? ☐ YES ☐ NO

IF "YES", HOLIDAY ADDRESS \_\_\_\_\_

PHONE NO: \_\_\_\_\_

G. EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL. NO.: (H) ( ) ( ) (B) ( ) ( )

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL. NO.: (H) ( ) ( ) (B) ( ) ( )

WOULD YOU REQUIRE ASSISTANCE IN AN EMERGENCY? \_\_\_\_\_

TYPE OF DISABILITY: \_\_\_\_\_

ORIGINAL LOCK YES \_\_\_\_\_ NO \_\_\_\_\_ OLD LOCK YES \_\_\_\_\_ NO \_\_\_\_\_

IF NEW LOCK, HAS KEY BEEN GIVEN TO THE OFFICE? YES \_\_\_\_\_ NO \_\_\_\_\_

REMOTE CONTROL NUMBERS: \_\_\_\_\_

## W A I V E R

### SUITE ENTRY:

I, \_\_\_\_\_ of suite # \_\_\_\_\_ do hereby authorize \_\_\_\_\_ and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation's business. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required. I hereby release \_\_\_\_\_ and its duly authorized agents and employees from any present or future liability for such entry or entries.

### PARCEL DELIVERY

I, \_\_\_\_\_ of Suite # \_\_\_\_\_ do hereby authorize \_\_\_\_\_ and its duly authorized agents and employees to accept small packages which must be signed for, on my behalf. In so doing I release \_\_\_\_\_ and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver is for parcels only. The Condominium Corporation and its authorized agents are not authorized to and therefore cannot accept registered mail.

These releases are in effect until I notify \_\_\_\_\_ in writing to the contrary.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

