

TENANT COVENANT

TO: TSCC No. 1855

FROM: _____

ADDRESS: 30 Grand Trunk Crescent, Toronto, Ontario M5J 3A4

UNIT # _____

DATE: _____

I acknowledge and agree and I, the members of my household, and my guests from time to time, will, in using the unit rented by me and the common elements, comply with the *Condominium Act*, the Declaration, the by-laws and all the rules and regulations of the condominium corporation, during the entire term of my tenancy, and will be subject to the same duties imposed by the above as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the *Condominium Act*.

Resident

Witness

CENSUS FORM

Suite # : _____ **INFINITY 1, 30 Grand Trunk Crescent, Toronto, Ontario M5J 3A4**

Residents: Please list the name of **all** residents who are occupying the suite along with any work and cellular phone numbers. A telephone number **must** be provided to complete registration. **CONFIDENTIAL** **INFORMATION IS STRICTLY**

	<u>Last Name</u>	<u>First Name</u>	<u>Phone Numbers</u>	
1.	_____	_____	Hm: _____	Bus: _____
2.	_____	_____	Hm: _____	Bus: _____
3.	_____	_____	Hm: _____	Bus: _____

List of Pet (one household pet only): _____

E-mail address for service: _____

I consent that building notices may be sent to me via e-mail YES ☐ NO ☐

Resident Owner ☐ Non-Resident Owner ☐ Renting from Owner ☐

If you are a Non-Resident Owner, please complete the following:

Address for service: _____ City _____ Province _____
Postal Code: _____ Home Tel: _____ Bus: _____ Other _____

If you are a Renting from the Owner, please complete the following and provide a copy of Lease of Agreement:

Landlords Name: _____

Address: _____

Phone Number: _____ Bus: _____ Other _____

<u>Parking:</u>	<u>License Plate</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Colour</u>
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____

Bicycle/Storage Unit: Locker #: _____ Location: _____

Medical Conditions/Disabilities:

Please list any medical conditions or disabilities that may require special attention in the event of a fire, ie. heart condition, high blood pressure, difficulty walking down stairs, etc.

Emergency Contact:

Please provide the name and phone number of a close friend or relative who can be contacted in case of emergency.
Name _____ Phone _____ Relationship _____

Access Control

Security Identification#

Entry Code

Garage# _____ Fob# _____ Fob# _____ Fob# _____ Fob# _____

Owner / Resident Signature _____

_____ Date

WAIVER AGREEMENT

Between
**GARDWELL SECURITY AGENCY INC.
& THE CONCIERGE / SECURITY GUARDS**

And

**RESIDENTS OF "INFINITY # 1",
30 Grand Trunk Crescent, Toronto, Ontario M5J 3A4**

PARCEL & MAIL DELIVERY

(PRINT ONLY)

I, _____ of Suite # _____,
Toronto, Ontario, hereby authorize security (Gardwell) agents and their employees to accept
small parcels (**not exceeding 72" inches girth**) or envelopes (**excluding registered mail and
time sensitive material**) on my behalf.

I hereby release Gardwell Security Agency Inc. and its duly authorized agents and employees
from any present or future liability should the parcel be lost, damaged, stolen or delivered late.

As this is a courtesy provided by Gardwell Security Agency Inc. and its authorized agents and
employees, reserve the right to cancel this waiver at any time without notification to resident.

Witness _____, 1st Resident's Signature _____

Dated _____

Witness _____, 2nd Resident's Signature _____

Dated _____

Witness _____, 3rd Resident's Signature _____

Dated _____

Dated@ _____ this day _____ of 20 _____

Infinity 1 Condominiums

30 Grand Trunk Crescent, Toronto, Ontario M5J 3A4 Tel: 416-519-8374 Fax: 416-519-8514

NOTICE TO RESIDENTS

ENTER PHONE / DIRECTORY

Dear Residents:

When the enter phone is operating and you would like your name on the directory, please complete the bottom portion and return to Property Management. Please note that only one name and phone number can be entered in the system. By pressing number **9** on your telephone key pad will unlock the lobby door to allow your guest entry into the building.

Property Management

Last Name

Please print name clearly

First Name or Initial

Telephone Number

Suite No.