



RESIDENT REGISTRATION FORMS

Suite No.: _____ Date: _____

SUITE OWNER INFORMATION:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- Off-Site Owner/Absentee** – Please complete Section **A** and **B**. See Section **C** for RESIDENT OCCUPANT information
- On-Site Owner** – Please complete Section **B** and **C**.
- Tenant** – Please complete Section **C**.

SECTION A – OWNER’S ALTERNATE ADDRESS FOR SERVICE

If mailing address different from One Bedford, please complete this section.

Mailing Address: _____

Home Tel. No.: _____ Business Tel. No.: _____ Cell Tel. No.: _____

Email Address: _____

SECTION B – TO BE COMPLETED BY ALL OWNERS

Power of Attorney: Yes No

If you answered yes above, please complete the following: Relationship to Owner: _____

Address: _____

Home Tel. No.: _____ Business Tel. No.: _____ Cell No.: _____

Mortgage Information	
Company Name:	_____
Address:	_____
Contact Name:	_____
Contact Tel. No.:	_____



SECTION C – SUITE OCCUPANT(S) INFORMATION (Provide copy of lease where applicable)

A copy of the executed lease agreement may be substituted in lieu of the Form 5.

Lease Information (if applicable)

Lease Period - From: _____ Lease Period - To: _____

Resident No. 1:
 Last Name: _____ First Name: _____
 Gender: Male Female
 Cell No.: _____ Bus. No.: _____
 Home No. _____
 Email Address: _____

Resident No. 2:
 Last Name: _____ First Name: _____
 Gender: Male Female
 Cell No.: _____ Home No.: _____
 Bus. No.: _____
 Email Address: _____

Resident No. 3:
 Last Name: _____ First Name: _____
 Gender: Male Female
 Cell No.: _____ Bus. No.: _____
 Home No. _____
 Email Address: _____

Handicapped Assistance?		
Yes	No	Details of assistance required:

Emergency Information

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

Vehicle Information	Parking Space No. _____, Level _____	Parking Space No. _____, Level _____
(1) Make: _____	Model: _____	Year: _____
	Colour: _____	License Plate No.: _____
(2) Make: _____	Model: _____	Year: _____
	Colour: _____	License Plate No.: _____

Locker Information
 Locker No. _____, Level _____ Locker No. _____, Level _____



WAIVER - PARCEL DELIVERY

I/We, _____ of Suite No. _____

Toronto, hereby authorize Bedford at Bloor Realty Inc. and its duly authorized agents and employees to accept small parcels or envelopes (excluding registered mail, perishables, cash or other valuables), on my/our behalf.

I/We hereby irrevocably release Bedford at Bloor Realty Inc. and its duly authorized agents and employees from any present or future liability and claims howsoever arising from their temporary custody should the parcel or envelope be lost, stolen, delivered late or damaged.

Date: _____
Resident 1 Signature: _____
Witness Signature: _____

Date: _____
Resident 2 Signature: _____
Witness Signature: _____

Date: _____
Resident 3 Signature: _____
Witness Signature: _____



WAIVER/SUITE ENTRY ACKNOWLEDGMENT

I/We, _____, Unit # _____, One Bedford Blvd, Toronto, hereby authorize Bedford at Bloor Realty Inc. and its duly authorized agents and employees to enter my/our unit, and my exclusive use common elements (if any), from time to time, when necessary to carry out building maintenance and duties pursuant to the *Condominium Act, 1998* (the "*Act*"), which include, but are not limited to, semi-annual heat pump unit maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, and other objects and duties as may be required by the *Act*, and the Corporation's declaration, by-laws and rules.

The Owner/Resident acknowledges that the Corporation has a statutory obligation to carry out and perform certain obligations and duties as may be required by the *Act*, or the Corporation's declaration, by-laws and rules, and that the Corporation assumes no responsibility or liability in the performance of such objects and duties.

Date: _____
Resident 1 Signature: _____
Witness Signature: _____

Date: _____
Resident 2 Signature: _____
Witness Signature: _____

Date: _____
Resident 3 Signature: _____
Witness Signature: _____



AUTHORIZATION FOR ACCESS TO BUILDING

(Please note that Security Personnel will not open the Suite Door)

I/We, _____ of suite no. _____ do hereby
authorize _____ to enter my suite from time to time.
insert name(s) of individual(s)

The concierge/security may permit access to the building without announcing the above named person's arrival and obtaining permission.

I/We hereby release Bedford at Bloor Realty Inc. and its duly authorized agents and employees from any present or future liability for such entry or entries.

This release is in effect until I notify the management office in writing to the contrary.

Resident 1 Signature:

Date:

Resident 2 Signature:

Date:

Resident 3 Signature:

Date:



OCCUPANCY UNDERTAKING

Where the owner of a unit leases his or her unit, the owner shall forthwith notify the Corporation that the unit is leased and shall provide the Corporation with the lessee's name, and the owner's address for service of notices and/or other communication purposes and provide such other information and documents as provided for in the rules from time to time. (Where the building has not been registered as a condominium corporation, this information must also be provided via the property management office.)

In addition, no owner shall lease his or her unit unless he/she delivers to the Corporation a covenant or agreement signed by the tenant in favour of the Corporation, to the following effect:

TENANTS ACKNOWLEDGEMENT

I acknowledge and agree that I, and my servants, agents, tenants, family, invitees and licensees, from time to time, will, in using the unit rented by me and the common elements, including Exclusive Use Common Elements (where applicable), comply with the Condominium Act, the Declaration, the by-laws, all rules and regulations, agreement(s) authorized by the by-laws including the Reciprocal Agreements, 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.."

I acknowledge that I have read and am aware of all of the provisions and covenants in the aforesaid documents and agreements.

Dated this _____ day of _____, 20_____, in the Province of Ontario..

Date: _____
Tenant 1 Signature: _____
Witness Signature: _____

Date: _____
Tenant 2 Signature: _____
Witness Signature: _____

Date: _____
Tenant 3 Signature: _____
Witness Signature: _____



FORM 5
SUMMARY OF LEASE OR RENEWAL
(CLAUSE 83 (1) (b) of the *Condominium Act, 1998*)

TO: _____ (name of condominium corporation)

1. This is to notify you that:

[Strike out whichever is not applicable:

a written or oral (strike out whichever is not applicable: lease, sublease, assignment of lease) **OR**

a renewal of a written or oral (strike out whichever is not applicable: lease, sublease, assignment of lease)]

has been entered into for:

[For all condominium corporations except common elements condominium corporations:

Unit(s) _____, Level(s) _____ (include any parking or storage units that have been lease)]

[In the case of common elements condominium corporation:

the common interest in the condominium corporation, being the interest attached to:

(provide brief description of the parcel of land to which the common interest in the Condominium Corporation is attached)]

on the following terms:

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

Telephone Number: _____

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 _____, _____

(signature of owner(s))

(print name of owner(s))

(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)



PET REGISTRATION FORM

Pet Information	Dogs and cats that are not licensed with the City of Toronto are not allowed on the premises.
Do you own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____ (please describe)
Name of Pet:	_____
Breed:	_____
Size & Weight:	_____
Colour(s):	_____
Age:	_____
License No.:	_____
Veterinarian's Name:	_____



INTERCOM DISPLAY FORM

Dear Resident of One Bedford:

Kindly provide us with your unit number, phone number and name in the order for it to be displayed on the intercom board which will be available to visitors.

Your name will appear as Last Name and First Initial.

Please fill out the form and kindly return it to the concierge/security desk as soon as possible, so that we may complete this process in a timely manner.

Thank you for your cooperation.

Resident Information

Suite # _____

Name _____
(LAST NAME THEN INITIAL)

PHONE NUMBER _____

ENTRY CODE ASSIGNED _____
(Assigned by Property Management)