

SCHEDULE A

TENANT INFORMATION FORM

Unit		Level	Suite No.		
Landlords' l	Name:				
Landlord's l	Permanent Addres	s:			
Telephone:					
Term of the Lease:			years (Attach a copy of the lease agreement)		
Commencement Date:			, 20		
Tenant's Fu	ll Name:				
Social Insur	rance Number:				
Driver's Lic	ense Number:				
Vehicle Pla	te Number:				
Number of Occupants:		Adults	Children	_ Total	
Adults' Full	Names:				
Child 1	Name:			Age:	
Child 2	Name:			Age:	
Child 3	Name:			Age:	
Tenants' Pe	ermanent Address:				
Tenant's Home Phone:					
Tenant's Ce	ell Phone:				
Tenant's W	ork Phone:				
Tenant Ema	ail Address:				

Employer Name:			
Business Address:			
Tenant Emergency Contact	Person:		
Emergency Contact Phone:			
DATED at	_, this	_ day of	20
Tenant's Signature			
Tenant's Signature			
	SCI	HEDULE B	
TENANT U	J NDERTAKIN	NG AND ACKN	OWLEDGMENT
storage unit rented by me the declaration, the by-lav tenancy. I hereby acknow Act, the declaration, the b payment of common expe of a default in the payment ensure that my family, gu	and the commonws and the rules reledge that I will by-laws and the enses (unless of the commonests, visitors, ag	on elements, comes of the Condomistal be subject to the rules as if I was a therwise directed on expenses by the gents, permitted so	welling unit, parking unit and/or ply with the Condominium Act, nium during the term of my e same duties imposed by the a unit owner, except for the by the Condominium as a result to owner). In addition, I will sub-tenants and invitees shall the rules of the Condominium.
Dated this	day of _		, 20
		Tenant's Sig	nature
		Tenant's Sig	nature