



AT TIP TOP

SCHEDULE "A"

TENANT INFORMATION FORM

SUITE: _____ - 90 Stadium Road, Toronto, ON M5V W5 DATE: _____

TENANT(S) INFORMATION

First Name: _____ Last Name: _____
Numbers: (H): _____ (B): _____ (C): _____
Email: _____

First Name: _____ Last Name: _____
Numbers: (H): _____ (B): _____ (C): _____
Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Number: _____

GARAGE REMOTE NO.: (1) FC# _____ TR# _____ (2) FC# _____ TR# _____

FOB/SWIPE CARD NO.: (1) _____ (2) _____ (3) _____

PARKING AND LOCKER INFORMATION:

Locker Number: _____

Vehicle Make: _____ Colour: _____ Lic. No. _____ Parking Spot: _____
Vehicle Make: _____ Colour: _____ Lic. No. _____ Parking Spot: _____

PET INFORMATION: Type: _____ Weight: _____
Type: _____ Weight: _____

Does anyone in your unit require handicap assistance now or in an emergency? Yes or No
If yes please specify: _____

***** PLEASE KEEP US INFORMED OF ANY CHANGES *****

REGISTERED OWNER(S) INFORMATION

First Name: _____ Last Name: _____
Numbers: (H): _____ (B): _____ (C): _____
Email: _____

First Name: _____ Last Name: _____
Numbers: (H): _____ (B): _____ (C): _____
Email: _____

Registered Owner's Offsite Address of Service:



AT TIP TOP

SCHEDULE "B"

SUMMARY OF LEASE OR RENEWAL

(clause 83 (1) (b) of the *Condominium Act, 1998*)

TO: QUAY WEST at TIP TOP - 90 Stadium Road, Toronto, ON M5V W51.

This is to notify you that an original ___ or renewal ___ [select one] written ___ or oral ___ [select one] Lease ___ sublease ___ assignment of lease ___ [select one] or a renewal of a written or oral lease, sublease or assignment of lease ___ has been entered into for:

Dwelling Unit(s) _____ Level _____, Parking Unit(s) _____ Level _____, Locker Unit(s) _____ Level _____

on the following terms:

Name of lessee(s)/sublessee(s)/assignee (s): _____

Home Telephone No : _____ Cell No: _____
email: _____

Commencement date: _____ Termination date: _____

Option(s) to renew: (set out details. i.e., first option commencement date)

Rental Payments: _____
(set out amount and when due)

Other information: _____

(at the option of the owner)

2. I (We) have provided the above-designated lessee(s)/sublessee(s)/assignee(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 above-designated lease/sublease/assignment of lease is terminated.

Dated this _____ day of _____, _____.

(print name of owner)

(signature of owner)

(print name of owner)

(signature of owner)

(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)
Tel. N.: _____ Fax No. (if any) : _____



AT TIP TOP

SCHEDULE "C"

TENANT'S UNDERTAKING AND ACKNOWLEDGEMENT

QUAY WEST at Tip Top

I/WE, _____, the undersigned, as tenant(s) of Unit _____, Level _____, (the "Unit"), according to Quay West at Tip Top, do hereby agree and undertake on behalf of myself/ourselves and any resident or occupants of the said unit that I/We shall comply with the provisions of the *Condominium Act, S.O. 1998* and the Regulations made there under, and all subsequent amendments thereto, and also the Declaration, By-laws and Rules of the said Quay West at Tip Top (the "Corporation").

I/We acknowledge that I am /we are subject to the provisions contained in the said Act, Declaration, By-laws and Rules of the said Corporation.

I/We further acknowledge receipt of the Declaration, By-laws and Rules of the said Corporation provided by the owner and/or agent acting on the owners behalf.

I/We intend to occupy the Unit with the persons named above as our principal residence for the stated term of the Lease accompanying this Information Form and for no other purpose and I/we further acknowledge and agree that only those persons named herein will be entitled to reside in the Unit, subject always to my/our right to have guests and visitors from time to time in accordance with the Rules.

I/We further acknowledge that the Unit is restricted to a maximum of four persons.

I/We further acknowledge and understand that in the event that I/we or any occupant residing in the Unit contravenes the provisions of the Declaration, By-laws and Rules of the Corporation, my/our tenancy may be terminated in accordance with the provisions of the Condominium Act.

DATED at _____ this _____ day of _____, 20____.

Tenant's Signature

Tenant's Signature