



T.S.C.C. N<sup>o</sup> 1526  
28 Harrison Garden Blvd.  
North York, Ontario M2N 7B5  
Office Tel: 416-226-2307  
Security Tel: 416-733-9151  
Fax: 416-226-3918  
Email: [spectrum2.pm@delcondo.com](mailto:spectrum2.pm@delcondo.com)

## RESIDENT REGISTRATION

Please complete this form (both sides) and return to the concierge desk.

Suite #:	_____	Date:	_____	_____	_____
			Month	Day	Year
Please check one:					
<input type="checkbox"/> I am the <b>Owner</b> of the suite			<input type="checkbox"/> I lease the suite from the owner ( <b>Tenant</b> )		
Owner to provide Deed			Tenant to provide Lease Agreement		

### **OWNER(S) INFORMATION:**

Last Name: \_\_\_\_\_, Given Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_, Given Name: \_\_\_\_\_  
Owner's Contact Information (*complete only if owner lives offsite*):  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### **RESIDENT(S) LIVING IN THE SUITE & THEIR CONTACT INFORMATION:**

1) Last Name: \_\_\_\_\_, Given Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_, Relationship: \_\_\_\_\_  
Contact : \_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

2) Last Name: \_\_\_\_\_, Given Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_, Relationship: \_\_\_\_\_  
Contact : \_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

3) Last Name: \_\_\_\_\_, Given Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_, Relationship: \_\_\_\_\_  
Contact : \_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

4) Last Name: \_\_\_\_\_, Given Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_, Relationship: \_\_\_\_\_  
Contact : \_\_\_\_\_  
\_\_\_\_\_  
Home Tel \_\_\_\_\_ Bus. Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_



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### **LOCKER, PARKING & VEHICLE INFORMATION**

1. Locker # \_\_\_\_\_
2. Parking Space # \_\_\_\_\_
3. Number of Vehicles \_\_\_\_\_

	1 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle
Make		
Model		
Colour		
Plate #		
Year		

### **BUILDING ACCESS INFORMATION:**

1. Number of Access Cards/FOBs \_\_\_\_\_
- 1a) Access Card ID number(s) \_\_\_\_\_
2. Number of Garage Remotes (one per parking space) \_\_\_\_\_
- 2a) Garage Remote number \_\_\_\_\_

### **EMERGENCY INFORMATION:**

In the event of an emergency, do you or anyone living in your suite require emergency assistance?

[ ] Yes [ ] No

Name of Resident requiring emergency assistance: \_\_\_\_\_.

Type of assistance required [does not speak English, please enter language(s) spoken, mobility issues, etc.]: \_\_\_\_\_.

1. Move in date: \_\_\_\_\_ Lease start date: \_\_\_\_\_
2. Entry Code Number: \_\_\_\_\_
3. Enterphone Number: \_\_\_\_\_
4. Bicycle information & rack #: \_\_\_\_\_

### **IF YOU ARE A TENANT, PLEASE COMPLETE THE SECTION BELOW**

#### **TENANT'S ACKNOWLEDGEMENT**

I hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licensees, from time to time, will in using the unit rented by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of the Tenancy Agreement and my tenancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

WITNESS WHEREOF, this \_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_,  
in the City of \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant