TABLEAU
CONDOMINIUMS

TABLEAU CONDOMINIUMS - OWNER INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

BUILDING ADDRESS: 125 PETER STREET, TORONTO

Unit/Suite Number: _____ **Parking Level & No:** _____ **Locker No.** _____
(If Applicable)   (If Applicable)

Owner's Name: (1)_____
First Name   Last Name

(2)_____
First Name   Last Name

Address (if different from above):_____

Tel Numbers: Res: (   )_____   Bus: (   )_____   Cell:(   )_____

E-mail Address:_____

Occupant's Names: (1)_____   (3)_____

(2)_____   (4)_____

Telephone Number (If different than Unit Owners) Res: (   )_____   Bus: (   )_____

Vehicle Make/Year/Colour   *Licence Plate Number*

(1)_____

(2)_____

In-Suite Alarm: Yes_____No_____   **Service Contract With**_____

Bicycle Information (Make/Colour):_____

Access Fobs Number(s):_____

Garage Remote Control Numbers: _____

Do you have pets? Yes ___ No ___   If Yes, type and Description: _____

Would you require assistance in an emergency?   Yes____No____
Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name_____ Condition/Assistance Required_____

Name_____ Condition/Assistance Required_____

In Case of an Emergency Contact:

Name:_____Relationship:_____Telephone No: (____)_____

If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form attached. (Requirement of the Condominium Act).

Owners/Residents Signature _____   **Date**_____

Please Complete and Return this Form to Onsite Property Management Office
Or, mail to Property Management, 125 Peter Street, Toronto ON M5V 0M2
Or leave with the Concierge

TABLEAU CONDOMINIUMS – 125 PETER STREET, TORONTO

PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

Please Complete and Return this Form to Property Management as soon as possible.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

UNIT/SUITE #: _____

As required in the condominium corporation's <u>Fire Safety Plan</u>, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

Brief description (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). **Please print.**

_____

_____

_____

_____

_____

_____

_____

_____

Date Completed _____ Resident Signature _____

Please Complete and Return this Form to Onsite Property Management Office
Or, mail to Property Management, 125 Peter Street, Toronto ON M5V 0M2
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<u>TO BE COMPLETED ONLY BY OWNERS WHO HAVE LEASED THEIR UNITS</u>

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

<u>TABLEAU CONDOMINIUMS</u>

1. 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)/sub lessee(s)/assignee(s): _____
_____

Telephone Number:_____ Fax Number, if any: _____ _____

E-mail:_____

Commencement Date:_____ Termination: _____

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)/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 above-designated lease/sublease/assignment of lease is terminated.

Dated this_____ day of _____, 200_____

_____   _____
(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:_____

Telephone No:_____ Fax No. (if any):_____