

Home Owner(s) Registration Form

In order for us to complete our occupancy records which are obligatory, please fill in the following and return to the Property Management Office as soon as possible. Thank you for your cooperation. (Please Print Clearly)

Name Of Registered Unit Owner(s)

Date: _____ Community: TSCC 1851

Suite Number: _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Address (If different from above)

Street and Number Suite Number City

Postal Code Province Country

Telephone (H): _____ Business: _____

Cellular: _____ Fax: _____

Email: _____ Website: _____

Emergency Contact (Family / Close Friend)

Name: _____ Relationship: _____

Telephone (H): _____ Business: _____

Resident Information

Name to be listed on Resident Directory Board: _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Lease Start Date: _____

Please be sure information as documented is accurate and note any concerns in writing for clarity and your protection; no verbal commitments of any kind will be honoured.

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FOB Number

FOB Number: _____ FOB Number: _____

FOB Number: _____ FOB Number: _____

Transponder Number

FOB Number: _____ FOB Number: _____

FOB Number: _____ FOB Number: _____

Locker / Hobby Storage Room

Locker: _____ Level: _____ Number: _____ Level: _____ Number: _____

Hobby / Storage Room: Level: _____ Number: _____ Level: _____ Number: _____

Parking Space (s)

Level: _____ Number: _____ Vehicle make: _____ Colour: _____ Licence No. _____

Level: _____ Number: _____ Vehicle make: _____ Colour: _____ Licence No. _____

Level: _____ Number: _____ Vehicle make: _____ Colour: _____ Licence No. _____

Level: _____ Number: _____ Vehicle make: _____ Colour: _____ Licence No. _____

Bicycle Room Keys: Yes ☐ No ☐ If yes, how many: _____

Are You Absent During Any Part Of The Year? Yes ☐ No ☐

If "Yes", Holiday Address: _____

Telephone Number: _____

Waiver – Suite Entry & Parcel Delivery

Suite Entry:

I, TGCC 1851 of suite number _____ do hereby authorize TGCC 1851 and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation's business. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required. I hereby release TGCC 1851 and its duly authorized agents and employees from any present or future liability for such entry or entries.

Parcel Delivery:

I, TGCC 1851 of Suite number _____ do hereby authorize TGCC 1851 and its duly authorized agents and employees to accept small packages, which must be signed for, on my behalf. In so doing I release TGCC 1851 and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver is for parcels only. The Condominium Corporation and its authorized agents are not authorized to and therefore cannot accept registered mail.

These released are in effect until I notify TGCC 1851 in writing to the contrary.

Witness

Signature

Date

Date

Additional Care Required Information Sheet

The Fire Department requires that all Superintendents and the Gatehouse/Concierge have readily available a list of Resident requiring additional assistance to evacuate the building in event of emergency. This list enables Fire Fighters to attend to special needs people without delay.

It is crucial to keep this list accurate and up-to-date. Therefore, if there are any occupants within your home requiring additional assistance, please contact the Property Management Office to advise them of the nature of the disability and complete the information below.

Building: _____ Suite: _____

Name(s): _____ Phone Number: _____

Nature of Condition/Disability:

Special Instructions:

In Case of Emergency Contact:

Pet Registration Form

Resident's Name:

Suite Number:

Telephone Number:

Name of Pet:

Breed:

Size and Weight:

Colour(s):

Age:

License Number:

Vet's Name:

Vet's Phone Number:

Resident's Signature:

Date:

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