

## ELEVATOR RESERVATION AGREEMENT

TSCC 1972  
8 Scollard Street  
Toronto, Ontario

Reservation requested by: \_\_\_\_\_  
(Print First Name and Last Name)

Suite # \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owner of Suite: \_\_\_\_\_  
(Print First and Last Name)

The reservation request is made for the use of the service elevator for the purpose of:

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Delivery: \_\_\_\_\_

Outgoing Resident: \_\_\_\_\_

Incoming Resident: \_\_\_\_\_

Delivery/Movers: \_\_\_\_\_

The date and time of the reservation shall be:

\_\_\_\_\_  
(Day) (Month) (Year)

From: \_\_\_\_\_ to \_\_\_\_\_

I understand and agree to the following conditions:

1. I shall deposit with the property manager upon signing this agreement, a refundable security deposit in the amount of **\$300.00**, money order, certified cheque or personal cheque payable to **TSCC # 1972**. This amount will be refunded upon completion of the move and not having caused any damage to the common elements of the Condominium and upon surrender to the property manager or its staff all keys, access cards and other access devices in my possession.
2. I shall notify the Security Officer on Duty and request an inspection of the elevator immediately prior to using the elevator. Upon completion of the move or delivery, I shall forthwith request re-inspection of the elevator and affected common elements.
3. I shall be liable for the full cost of all repairs to any damage, which may occur as a result of the use of the elevator by me or my agents. I shall accept the cost of repairs as assessed by the property manager and acknowledge that all or part of the security deposit shall be withheld and applied towards the cost of repairs.

4. I shall only use the elevator during the term of the reservation.
5. I shall take reasonable precautions to prevent unauthorized entry into the building during the term of the reservation.
6. I shall not obstruct corridors and elevator lobbies prior to, during or after the term of the reservation.
7. I agree that special care will be taken with regard to the mirrors that are present in the elevators. I agree that the protective pads must be in place prior, during and after and/or until the completion of the final inspection.
8. I acknowledge and agree that neither the Condominium nor the property manager shall be liable for any loss, damage and/or personal injury caused or suffered by any party.

I hereby acknowledge that I have read this Agreement and I agree to abide by the rules of the Condominium in force from time to time.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**AREA INSPECTED**

**BEFORE**

**AFTER**

Ground Level Lobby and Doors

\_\_\_\_\_

Elevator Doors/Frame

\_\_\_\_\_

Elevator Cab/Pads

\_\_\_\_\_

Corridor Floor/Walls

\_\_\_\_\_

All Fixtures

\_\_\_\_\_

Suite Door

\_\_\_\_\_

# LOTUS

Toronto Standard Condominium Corporation No. 1972

## REGISTRATION FORM

Parking No: \_\_\_\_\_ Locker No: \_\_\_\_\_ Suite No: \_\_\_\_\_

Please complete and return this form as soon as possible to Property Management:

c/o St George Property Management Inc  
8111 Yonge Street, Suite 102  
Thornhill, ON L3T 4V9  
Fax: 905-881-3131

### RESIDENT(S) INFORMATION

Name(s): Last: \_\_\_\_\_ First: \_\_\_\_\_ Tel: \_\_\_\_\_  
Mr. Mrs. Ms. *Please print*

Others living in Suite: \_\_\_\_\_ Ages: \_\_\_\_\_

Vehicle(s): \_\_\_\_\_  
*Make/license no.*

### OWNER(S) INFORMATION

If different from above or vacation address

Name(s): \_\_\_\_\_ Telephone No(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### REQUEST FOR ASSISTANCE IN THE EVENT OF AN EMERGENCY

This information will be made available to the Fire dept. in the event of an emergency

Name(s): \_\_\_\_\_ Disability: \_\_\_\_\_

### WHEN OWNER IS UNAVAILABLE

Contact: \_\_\_\_\_ Telephone No(s): \_\_\_\_\_

If any of the above information changes it must be reported as soon as possible.  
If the suite is leased the declaration of the condominium requires the owner to ensure their tenants complete an undertaking to comply with the documentation. Residents are advised to provide a key for their unit for access in an emergency. If you do not have a copy of the Rules please contact the Property Management.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_



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## TENANT COVENANT

This section must be completed by the owner and tenant when suite is leased

When an owner leases his/her suite they must ensure that the tenant is made aware of all the requirements of the condominium's documentation and the Condominium Act. They also relinquish their rights to use the Recreational Facilities while the unit is leased.

This covenant must be completed by the tenant and returned to the Management Office as soon as possible, as failure to do so is in contravention of the documentation and the Condominium Act.

**To the Board of Directors of Toronto Standard Condominium Corporation No. 1972,**

I acknowledge and agree that I, the members of my household, and my guests from time to time, will, in using the unit rented to myself and/or the common elements, comply with the Condominium Act, the declaration, the bylaws, and all rules and regulations of the condominium corporation during the duration of my tenancy and will be subject to the same duties imposed by the above as if I were a unit owner, with the exception of my payment of common expenses, unless otherwise provided by the Condominium Act.

**Dated at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signature of Tenant:** \_\_\_\_\_

\_\_\_\_\_  
*Please print name in full*

**To the Board of Directors of Toronto Standard Condominium Corporation No. 1972,**

I/we confirm that the above suite and all residents' rights have been assigned to the above tenant.

**Dated at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

\_\_\_\_\_  
*Please print name in full*

## PET REGISTRATION

This section must be completed by tenant or owner when a pet is residing in the suite.

**Type of Pet:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Thank you for your assistance*