Metropolitan Toronto Condominium Corporation No. 747
22-44 Irwin Avenue & 50-84 St Nicholas St, Toronto, ON
RESIDENT REGISTRATION FORM

In order to update our occupancy records, please fill in the following and return to the Concierge desk or management office, as soon as possible. If you are renting the unit we request a copy of your lease OR Form 5 Summary of Lease. We thank you for your cooperation.

1. Unit # and street name:		Legal Description - (For Office Use Only)		
		Level No.	Unit No.	Closing Date of Resale

2. NAME OF REGISTERED UNIT OWNER(S)

a) SURNAME: (Please Print Below)	FIRST NAME: (Please Print Below)	☐ Male ☐ Female
b) SURNAME: (Please Print Below)	FIRST NAME: (Please Print Below)	☐ Male ☐ Female
c) COMPANY'S NAME: (Please Print Below)	NAME OF CONTACT: (Please Print Below)	☐ Male ☐ Female

3. ADDRESS: (Please list address below if different from Suite No. Above and check off the appropriate box)

☐ OFF-SITE OWNER(S)   ☐ ON-SITE OWNER(S)

STREET # & NAME:		SUITE #:	CITY:	PROVINCE:	POSTAL CODE:
a) HOME TELEPHONE #:	BUSINESS TELEPHONE #:		CELL #:	E-MAIL ADDRESS:	
b) HOME TELEPHONE #:	BUSINESS TELEPHONE #:		CELL #:	E-MAIL ADDRESS:	
c) COMPANY'S FAX #:	COMPANY'S TELEPHONE #:		CELL #:	E-MAIL ADDRESS:	

The Condominium Act (Section 47 – 7c) allows the Condominium Corporation to send all communication to owners by electronic mail (email). The only requirement is that each owner agrees in writing that such notices may be given in this manner.

May we communicate with you electronically (e-mail) as per the requirements of the "The Condominium Act, 1998" Sec. 47 (7)(c) :

√OPT IN ☐

4. OR NAME OF REAL ESTATE AGENT & COMPANY

NAME:(Please Print Below)	☐ Male ☐ Female	ADDRESS: (Please Print Below with Company Name)	
BUSINESS TELEPHONE #:	CELL TELEPHONE #:	FAX #:	E-MAIL ADDRESS:

5. RESIDENT(S) / TENANT(S) INFORMATION SECTION
(IF YOU ARE RENTING THE UNIT PLEASE ATTACH A COPY OF YOUR LEASE AGREEMENT OR FORM 5 SUMMARY OF LEASE)

TERM OF LEASE:	COMMENCEMENT DATE OF LEASE:	NO. OF OCCUPANTS IN UNIT			
		ADULTS:		CHILDREN:	
ADULT NAME: (Please Print Below)	☐ Male ☐ Female	CHILD'S NAME: (Please Print Below)	☐ Male ☐ Female		AGE:
ADULT NAME: (Please Print Below)	☐ Male ☐ Female	CHILD'S NAME: (Please Print Below)	☐ Male ☐ Female		AGE:
ADULT NAME: (Please Print Below)	☐ Male ☐ Female	CHILD'S NAME: (Please Print Below)	☐ Male ☐ Female		AGE:
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		

6. NAME TO BE LISTED ON ENTER-PHONE DIRECTORY: (Last Name & First Initial)	ENTER-PHONE #: (4-digit Code)

7. PARKING INFORMATION
PARKING LEVELS: P1 and Exterior (Southside)

LEVEL (M/ G/ P1/ P2/	UNIT #	LICENSE PLATE #	MAKE OF VEHICLE	COLOUR OF VEHICLE	REMOTE CONTROL #	STICKER #

8. LOCKER INFORMATION
LOCKER LEVELS: G-Ground; P1- A Level;

LEVEL (G / P1)	UNIT #:	ROOM#:	LEVEL (G / P1)	UNIT #:	ROOM #:

9. ACCESS FOBS: (Please list below the access card numbers issued to residents in your unit)

CARD #:	NAME OF CARD HOLDER:	CARD #:	NAME OF CARD HOLDER:
CARD #:	NAME OF CARD HOLDER:	CARD #:	NAME OF CARD HOLDER:

OWNER(S) INSURANCE – LIST NAME OF COMPANY BELOW:	POLICY #:
TENANT(S) INSURANCE - LIST NAME OF COMPANY BELOW:	POLICY #:

11. DO YOU HAVE AN IN-SUITE ALARM SYSTEM? ☑ please mark the appropriate box ☐ YES ☐ NO

12. DO YOU HAVE ANY PETS? ☑ please mark the appropriate box ☐ YES ☐ NO

IF YES PLEASE SPECIFY: (Type, Breed, Colour & Weight)	DATE WHEN PET ACQUIRED:

13(a). DISABLED: Do you require help to leave the building in case of an emergency situation? ☑ please mark the appropriate box ☐ YES ☐ NO

13(b). NAME OF RESIDENT WITH DISABILITY AND /OR MEDICAL CONDITION(S):

13(c). MEDICAL CONDITION(S): ☑ please mark the appropriate boxes below ☐ YES ☐ NO

☐ HEART CONDITION	☐ HEARING DISABILITY	☐ DIFFICULTY WALKING	☐ IMPAIRED SIGHT

OTHER: (Please list below)

14. EMERGENCY CONTACT: (Please list below)

NAME:	RELATIONSHIP:

HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:

*We draw your attention to Item 13-a-b-c this information is vital for the Fire Safety Records and must be available and updated for the Fire Department.

RESIDENT SIGNATURE _____   DATE _____

FOR OFFICE USE ONLY:

Date Received:	Date Entered:	Entered by: