



TENANT REGISTRATION FORM

****PLEASE PROVIDE THE NAMES OF ALL RESIDENTS AS THEY APPEAR ON THE PERSONAL IDENTIFICATION DOCUMENT (S). IF AN ALTERNATIVE NAME IS PREFERRED, PLEASE INDICATE IT IN BRACKETS AFTER THE LEGAL NAME****

The following information is strictly confidential and must be provided as set forth in Pinnacle on Adelaide's Declaration, By-Laws and Rules

Suite Number: _____ Date: _____

Address: 295 Adelaide Street West

Unit Owner(s) Name(s): _____

Lease Date: _____ Copy of Lease Supplied: Yes No

All New Tenant(s): Yes No Additional Tenant(s): Yes No

Total number of Tenant(s) living in the unit: _____

1) Surname: _____ First Name: _____ Age: _____

Telephone: _____ Email: _____

Home: _____ Mobile #: _____

Access Fob #: _____

2) Surname: _____ First Name: _____ Age: _____

Telephone: _____

Home: _____ Other: _____ Email: _____

Access Fob #: _____

3) Surname: _____ First Name: _____ Age: _____

Telephone: _____

Home: _____ Other: _____ Email: _____

Access Fob #: _____

Disability Assistance Required? Yes No Type of Assistance Required? _____

Locker #: _____ Location: _____ Parking Space #: _____ Location: _____

Vehicle Make / Model: _____ Licence Plate #: _____ Colour: _____

Pet? Yes No Type and Description: _____

Emergency Contact

Name: _____ Relationship: _____

Telephone 1: _____ Telephone 2: _____

Holiday Address

Street & Number Suite Number City Province Postal Code

I/we, the undersigned, hereby declare that all information provided on this form are true, complete and correct to the best of my/our knowledge and belief.

Signed this _____ day of _____ Year _____

Resident #1 signature: _____

Resident #2 signature: _____

Resident #3 signature: _____

Unit Owner's Signature: _____

SEE REVERSE SIDE - DOUBLE SIDED FORM →



IF YOU ARE A TENANT, PLEASE COMPLETE THE SECTION BELOW

TENANT'S ACKNOWLEDGEMENT

I (We) _____, _____,
_____, _____, acknowledge and agree that I, the
members of my household, and my guests from time to time, will, in using the unit rented by me and the common elements,
comply with the Condominium Act, the declaration, the by-laws, and all rules and regulations of the Residential
Corporation, during the entire term of my tenancy, and will be subject to the same duties imposed by the above as if I
were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act.
I (We) acknowledge that I (we) have read and are aware of all of the provisions and covenants in the aforesaid
documents and agreements.

Acknowledged this _____ day of _____, Year _____
in the City of _____.

Tenant Name

Tenant Signature

Tenant Name

Tenant Signature

Tenant Name

Tenant Signature

Tenant Name

Tenant Signature



PARCEL DELIVERY RELEASE AND WAIVER FORM

I, _____, of 295 Adelaide Street West, Suite # _____ do hereby authorize The Pinnacle on Adelaide and its duly authorized agents and employees to accept envelopes, small packages and parcels **addressed to me**, which must be signed for, on my behalf.

In so doing I release The Pinnacle on Adelaide 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 envelopes, small packages and parcels only. The Pinnacle on Adelaide and its authorized agents are not authorized to and therefore cannot accept registered mail.

I hereby acknowledge that any envelopes, small packages or parcels accepted on my behalf, that are not picked up from The Pinnacle on Adelaide or its authorized agents and employees within **one month** of the delivery date, will be returned to the sender.

These releases are in effect until I notify The Pinnacle on Adelaide, via the Management office, in writing to the contrary.

(Print Name)

(Signature)

(Date)



PET REGISTRATION FORM

RESIDENT'S NAME: _____

SUITE #: _____

TELEPHONE #: _____



NAME OF PET: _____

BREED: _____

SIZE AND WEIGHT: _____

COLOUR(S): _____

AGE: _____

LICENSE #: _____

VET'S NAME: _____

VET'S PHONE #: _____



RESIDENT'S SIGNATURE: _____

DATE: _____