TSCC #1536 TENANT REGISTRATION – LEASED UNIT

(Please complete this form (both sides) and return to the Property Management Office)

Suite #:	[] 228	3 Queens Quay West [] 230 Queens Quay West		
1. TENANT'S CONTACT INFORMATION:				
Last Name:		, First Name:		
		/		
Home Telephone		Business Telephone		
Email Address		/ Cell Phone		
2. <u>TENANT'S CONTACT INFORMATION</u> (Complete if Applicable):				
Last Name:		, First Name:		
		/		
Home Telephone		Business Telephone		
		/		
Email Address		Cell Phone		
3. NAME OF EACH INDIVIDUAL LIVING I	<u>N THE SU</u>	ITE:		
Last Name:		, First Name:		
Last Name:		, First Name:		
Last Name:		, First Name:		
Last Name:		, First Name:		
4. <u>DATE:</u>				
Date:	/	/		
Month	Day	Year		
5. <u>SIGNATURE:</u>				
Print Name		Signature		

6. LOCKER UNIT & PARKING UNIT INFORMATION	<u>:</u>
Locker Unit #:	Locker Unit #:
Parking Unit #:	Parking Unit #:

7. VEHICLE INFORMATION:

	VEHICLE #1	VEHICLE #2
Make:		
Model:		
Colour:		
License:		

8.	BUILDING ACCESS INFORMATION:						
1.	Number of Access Cards:	1	2	3	4	5	Please circle one.
2.	Number of Building Keys:	1	2	3	4	5	Please circle one.
3.	Number of Garage Remotes:	1	2	3	4	5	Please circle one.

9. EMERGENCY INFORMATION:

Emergency Contact:	, Relationship to Resident:	
Emergency Contact #/ Home	Business	/ Cell
In the event of an emergency, is there anyone living <i>Please circle one:</i> YES NO	in the suite who will require	emergency assistance?
Name of Individual Requiring Assistance:		
Describe Assistance Required:		