

### **MOVES & DELIVERIES**

**It is important that we have all of the required information before your move in. Please make sure your profile form and all other forms have been completed so you can schedule the elevator for your move.**

#### **How to Book your Move In or Out:**

To schedule your move in please contact the front desk of "The Royalton" at 416-944-2201.

#### **Move In or Out Fee:**

Residents moving in will have to provide a non-refundable payment of 75.00, along with a deposit of \$150.00 payable to the Corporation. **If you are moving out a cash deposit of \$150.00 and payment of \$75.00 must be provided before we will allow your move to commence.**

#### **Moves and Delivery Hours:**

**Moves and deliveries are not permitted on statutory holidays or on Sundays**

**Monday to Friday    9:00 a.m. to 4:00 p.m.**

**Saturday            8:00 a.m. to 4:00 p.m.**

The concierge/security will assist the moves and deliveries. **The elevator pads must be installed in the elevator, each time. A pre and post inspection is required by the resident moving into the building along with the security/concierge personal.**

Unfortunately, moves and/or deliveries that have not been scheduled will not be accommodated so please make sure you book your move and/or delivery in advance.

All move in boxes or delivery boxes must be broken down and brought directly to the recycling area. Do not leave boxes in the corridor or place them in the garbage chute room this is a fire hazard. Please ask the front desk staff for assistance in locating the garbage room.

The following forms must be completed before you can schedule your move in date:

<b>Profile Form Completed</b>	<b>[ ]</b>
<b>PAP/Maintenance/Form</b>	<b>[ ]</b>
<b>Form 5 Completed (if applicable)</b>	<b>[ ]</b>

# **THE ROYALTON**

**MTCC 1322**

**801 BAY STREET, TORONTO ONTARIO M5S 1Y9**

## **WAIVER OF LIABILITY**

### **Acceptance of Incoming and Outgoing Deliveries For Residents of the Royalton**

I/We, the resident(s) of Suite \_\_\_\_\_, 801 Bay Street, Toronto, Ontario, hereby indemnify and save harmless the Corporation, its staff, employees, directors, ECC Management Inc., and agents from any loss, damage, injury or liability which I/We may suffer by reason of their signing for on my/our behalf (which is hereby authorized) and/or accepting of incoming and outgoing deliveries, such as but not limited to ordinary mail, letters and parcels, including perishable goods, on behalf of the resident(s) of the above noted suite at the concierge desk of 801 Bay Street, Toronto, Ontario, M5S 1Y9.

I/we, the resident(s) of Suite \_\_\_\_\_, 801 Bay Street, hereby understand and acknowledge that staff is not authorized to either sign for or receive registered mail.

I/We, the resident(s) of Suite \_\_\_\_\_, 801 Bay Street, Understand that I/We must pick up any incoming or outgoing deliveries within 48 hours ( forty-eight hours) of receipt at the concierge desk. Storage of deliveries beyond the 48 hours period is not available unless the management office has been notified of resident(s) absence in writing by the resident(s).

Dated at Toronto, Ontario this \_\_\_\_\_, day of \_\_\_\_\_, 200

\_\_\_\_\_  
(Please print name clearly)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name clearly)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name clearly)

\_\_\_\_\_  
(Signature)

**ALL RESIDENTS OF THE SUITE MUST SIGN THIS WAIVER TO UTILIZE THIS SERVICE. THERE IS NO ACCEPTANCE OF DELIVERIES OR MAIL FOR NON-RESIDENT OWNERS.**

**METROPOLITAN TORONTO CONDOMINIUM CORPORATION 1322**

**THE ROYALTON**

**RESIDENT INFORMATION PROFILE**

Only owners or persons listed on a lease may permanently reside in a unit. Each Resident must be included. City of Toronto occupancy by-law allows a maximum of two per persons per bedroom. The den is not bedroom space under the by-law. Overcrowding is not permitted.

Date: \_\_\_\_\_ Municipal Address Suite: \_\_\_\_\_ 801 Bay Street, Toronto M5S 1Y9

Parking No. \_\_\_\_\_ Parking No. \_\_\_\_\_ Locker \_\_\_\_\_ Locker \_\_\_\_\_ Locker \_\_\_\_\_

Registered Owners Name: \_\_\_\_\_

UNIT IS LEASED \_\_\_\_\_ (YES/NO) YES- COPY OF LEASE REQUIRED & ATTACHED

Number of Residents: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total \_\_\_\_\_

Residents' Full Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(list age in under 18) 3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Vehicle: Plate No.: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_

Bicycle Parking: Yes or No \_\_\_\_\_ Space \_\_\_\_\_

Access Card No's: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Telephone No: Business: \_\_\_\_\_ Residence: \_\_\_\_\_

Business: \_\_\_\_\_ Other: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

**In Case of Emergency, Contact:** Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

Household Pet: Yes or No \_\_\_\_\_ Name: \_\_\_\_\_ Type \_\_\_\_\_

**EMERGENCY ASSISTANCE**

**List Residents who will require assistance during an emergency – (disabled & not disabled)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Special needs in case of emergency: \_\_\_\_\_

Dated at Toronto this \_\_\_\_\_ day of \_\_\_\_\_, 2000

Signature(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**All Resident Owner(s) and tenants on lease must sign above**

Staff (dates)