



TSCC 2049 & TSCC 2087

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**VU CONDOMINIUMS**  
**OWNER/RESIDENT REGISTRATION FORM**

**SUITE NO:** \_\_\_\_\_ [ ] NORTH TOWER [ ] SOUTH TOWER

**REGISTERED SUITE OWNER(S)**

**SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**OWNER ADDRESS:(IF DIFFERENT FROM SUITE NO. ABOVE)**

Street & Number \_\_\_\_\_ Suite No. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**TELEPHONE NO:(H)** \_\_\_\_\_ **(B)** \_\_\_\_\_ **(C):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**\*\*\*\*\*TENANT/OCCUPANT INFORMATION (IF DIFFERENT FROM OWNER ABOVE)\*\*\*\*\***

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**TELEPHONE NO:(H)** \_\_\_\_\_ **(B)** \_\_\_\_\_ **(C):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**LEASE START DATE:** \_\_\_\_\_

*(If the suite is rented, a copy of the lease and a Summary of Lease – Form 5 must be submitted with this form)*

**A. LOCKER NO:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**B. PARKING SPACE #1:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_ **COLOUR/TYPE OF VEHICLE** \_\_\_\_\_ **LIC.NO:** \_\_\_\_\_

**PARKING SPACE #2:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_ **COLOUR/TYPE OF VEHICLE** \_\_\_\_\_ **LIC.NO:** \_\_\_\_\_

**SPACE RENTED TO:** \_\_\_\_\_ **SPACE RENTED FROM:** \_\_\_\_\_  
*(If applicable) (If applicable)*



**C. DO YOU HAVE A SUITE ALARM SYSTEM INSTALLED?**

SUITE ALARM: ☐ YES ☐ NO SERVICE PROVIDER: \_\_\_\_\_

**D.DO YOU REQUIRE ASSISTANCE IN AN EMERGENCY? ☐ YES ☐ NO**

NAME OF PERSON REQUIRING ASSITANCE: \_\_\_\_\_

TYPE OF DISABILITY: \_\_\_\_\_

**E.DO YOU HAVE ANY PETS? ☐ YES ☐ NO**

TYPE & DESCRIPTION: \_\_\_\_\_ PET NAME: \_\_\_\_\_

**F. DO YOU OWN A BICYCLE?[ ☐ YES ☐ NO MAKE/COLOR: \_\_\_\_\_**

**G. ARE YOU ABSENT DURING ANY PART OF THE YEAR?[ ☐ YES ☐ NO**

IF "YES", HOLIDAY ADDRESS \_\_\_\_\_

PHONE NO: \_\_\_\_\_

**H. IN CASE OF EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND OF RESIDENTS)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL. NO.: (H) \_\_\_\_\_ (B) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL. NO.: (H) \_\_\_\_\_ (B) \_\_\_\_\_

**I. SUITE ACCESS INFORMATION:**

ORIGINAL DOOR LOCK ☐ YES ☐ NO NEW LOCK ☐ YES ☐ NO

**J.MAY WE CONTACT YOU VIA ELECTRONIC COMMUNICATION? ☐ YES ☐ NO**

**TENANT ACKNOWLEDGEMENT:** "I 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 of the Corporation, during the term of my tenant, 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 confirm that all information provided is accurate to the best of our knowledge and I/We will inform Management should any of the above information change in the future, per the *Condominium Act 1998, section 47.4.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***All information on this Form will remain strictly confidential.***

If at any time your information changes, it is the Suite Owner's responsibility to notify Management immediately in writing. Please keep us informed so that we can keep you informed.