TipTop Lofts Elevator Reservation Agreement

Suite #	First Name	Last Name	Telephone #					
,		, A						
Reservation Date	DOMMYY	** Please tick one ** Move in Contractor Delivery Move out						
Reservation Time	-							
Time	N. M	I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						
I shall deposit with the corporation upon signing this agreement, a refundable damage deposit in the amount of \$300.00 by certified cheque, money order or bank draft made payable to TSCC 1789. This amount will be refunded upon completion of the service and not having caused any damage to the common elements of the Corporation and upon surrender to the security desk all common element FOB's and garage remotes in my possession. I shall notify security and request an inspection of the elevator immediately prior to using the elevator. Upon completion of the reservation, I shall forthwith request a re-inspection. I shall be liable for the full cost of all repairs to any damage that may occur as a result of the use of the elevator by myself or my agents. I shall accept the cost of repairs as assessed by the property manager and acknowledge that all or part of the security deposit shall be withheld and applied towards the cost of repairs. I shall only use the elevator during the term of the reservation. I shall take reasonable precautions to prevent unauthorized entry into the building during the term of the reservation. I shall not obstruct corridors or elevator areas prior to, during or after the reservation.								
7 I acknowle	dge that there are no reserv	vations to be held on Sundays o	or Statutory Holidays					
I hereby acknowledge that I have read this Agreement and I agreee to abide by the Rules of the Corporation in force from time to time.								
SIGNATURE DATE								
** SECURITY USE ONLY **								
MOVE		nsfer T Form 5?	& Lease Agreement?					
CONTRAC	TOR Structural Work?	Y N Corpora						
DELIVE	Type?		-					
MOVE O	Damage Deposit?	Certified Money Cheque Order	Bank Draft					

TipTop Lofts

Elevator Inspection Sheet

		Pre-Inspection	on Time	Pos Secu	st-Inspection	on Time		
Moving Room	tick or cross	comments		col	comments			
Doors								
Walls								
Flooring								
Ceiling								
Elevator	tick or cross	comments		comments		tick or cross		
Doors								
Walls								
Flooring								
Ceiling								
Corridors	tick or cross	comments		comments		tick or cross		
Doors								
Walls								
Flooring								
Ceiling								
Resident's signature of acknowledgement for the conditions of the premises								
SIGNATURE DATE								