

Date Received: _____

Date Entered: _____

OWNER(S) REGISTRATION FORM

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

(PLEASE **PRINT** CLEARLY):

SUITE NO: _____

DATE: _____

ADDRESS: 4978 Yonge Street, TORONTO, ON M2N 7G8 T.S.C.C. No. 1722

NAME OF REGISTERED UNIT OWNER(S)

SURNAME : _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

ADDRESS: (for off-site OWNERS ~ correspondence to be directed to)

Street & Number	Suite No.	City	Province	Postal Code
TELEPHONE: (H) () _____		(B) () _____		
CELL PHONE: () _____		EMAIL ADDRESS: _____		

RESIDENT(S) / TENANT(S) INFORMATION

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

CELL PHONE: () _____

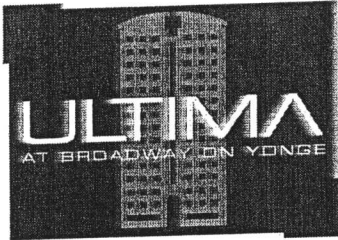
TELEPHONE (H): () _____ (B): () _____

CELL PHONE: () _____ EMAIL ADDRESS: _____

NUMBER OF BEDROOMS: _____

POSSESSION / LEASE START DATE: _____

please turn over → →



FOR OFFICE USE ONLY:

- ☐ Parking Register Updated
☐ Copy to Security
☐ \$5.00 Replacement Fee

VEHICLE REGISTRATION FORM

☐ ULTIMA NORTH – 4978 Yonge Street

☐ ULTIMA SOUTH – 4968 Yonge Street

I, _____, of unit # _____, 49 _____ Yonge St., hereby inform Management of my vehicle information as described below. I certify that the information provided by me is correct and agree to notify Management of any changes.

	Spot #	Parking Level	Make/Model	License Plate	Colour	Sticker Received (Initial below)
Previous Vehicle (if applicable)						

Dated this _____ day of _____, 2008.

Print Owner Name: _____ Print Tenant Name: _____

Signature of Owner: _____ Signature of Tenant: _____

**IMPORTANT: PARKING STICKERS ARE TO BE PLACED ON
THE DRIVER SIDE TOP CORNER OF THE WINDSHIELD**

ULTIMA TOWERS

Ultima North, TSCC #1722, 4978 Yonge Street, North York ON M2N 7G8 Tel: 416-225-6282 Fax: 416-225-9378
Ultima South, TSCC #1741, 4968 Yonge Street, North York ON M2N 7G9 Tel: 416-223-8350 Fax: 416-223-5478

SCHEDULE D

TORONTO STANDARD CONDOMINIUM CORPORATION NOS. 1722 & 1741

PARCEL ACCEPTANCE WAIVER FORM

The undersigned resident(s), who is/are 18 years of age or older, of Toronto Standard Condominium Corporation No. _____ acknowledges that T.S.C.C. No. _____, Del Property Management Inc. or Concierge have no obligation whatsoever to accept, on behalf of any resident or tenant, delivery of any letters or parcels left with them at the Concierge desk. However, the undersigned has specifically requested this assistance.

In consideration, building staff providing this assistance and in accepting and notifying me/us of delivery to the Concierge desk of letters, packages and parcels addressed to my attention, I/we hereby irrevocably release T.S.C.C. No. _____, Del Property Management Inc. or Concierge, their respective employees, officers, servants and agents from any and all liability and claims howsoever arising from their temporary custody of any such written communication, parcels or other items received by them on my/our behalf, whosoever caused.

I/we understand and accept that on request to pick up my/our letter(s) or parcel(s) it/they will be released to any person listed below on the Parcel Acceptance Waiver Form for and on my/our behalf.

<input type="checkbox"/> 4978 Yonge Street – Ultima North Suite #:		<input type="checkbox"/> 4968 Yonge Street – Ultima South Suite #:	
	Name (Print)	Signature	Date
1.			
2.			
3.			
4.			
5.			

Please list all residents providing authorization.