

812 Lansdowne Avenue

TSCC 2366

OWNER / RESIDENT INFORMATION FORM

In order that we may complete our occupancy records and enable us to send you all pertinent information, please fill in the following and return to the Management Office as soon as possible. All information is confidential. Thank you for your participation.

(PLEASE PRINT CLEARLY):

DATE: _____

A. NAMES OF REGISTERED UNIT OWNER(S)

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SUITE NO: _____

MAILING ADDRESS: _____
(if different) _____

TELEPHONE NO: home _____ business _____

E-MAIL ADDRESS: home _____ business _____

CELL PHONE: _____

B. NAMES OF PERSONS RESIDING IN UNIT

(Only the first 2 names listed will be added to the building entrance directory listing)

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

TELEPHONE NO: home _____ business _____

E-MAIL ADDRESS: home _____ business _____

812 Lansdowne Avenue

CELL PHONE: _____

IS UNIT LEASED: YES _____ NO _____,

(If YES, please also complete enclosed "Form 5, Summary of Lease or Renewal")

C. LOCKER NO: _____ LEVEL: _____

D. PARKING SPACE: _____ LEVEL: _____

COLOUR / MAKE / MODEL OF VEHICLE: _____

LICENSE PLATE NO: _____

F. HANDICAP ASSISTANCE REQUIRED: NO _____ YES _____

(If YES please complete the attached form

G. EMERGENCY CONTACT (FAMILY/CLOSE FRIEND)

NAME: _____

TELEPHONE NO. : _____

RELATIONSHIP: _____

NAME: _____

TELEPHONE NO. : _____

RELATIONSHIP: _____

Please return completed form to:

Taft Forward Property Management Group
#108 – 250 Davisville Avenue
Toronto, ON M4S 1H2

Form 5

Condominium Act, 1998

SUMMARY OF LEASE OR RENEWAL
(clause 83 (1) (b) of the *Condominium Act, 1998*)

TO: Electric City – Phase II

1. This is to notify you that:

[Strike out whichever is not applicable:

a written or oral *(strike out whichever is not applicable: lease, sublease, assignment of lease)*

OR

a renewal of a written or oral *(strike out whichever is not applicable: lease, sublease, assignment of lease)]*

has been entered into for:

Unit(s), Level(s) *(include any parking or storage units that have been leased)]*

on the following terms:

Name of lessee(s) (or sublessee(s)):

Telephone number:

Fax number, if any:

Commencement date:

Termination date:

Option(s) to renew:

(set out details)

Rental payments:

(set out amount and when due)

Other information:

(at the option of the owner)

2. I (We) have provided the *(strike out whichever is not applicable: lessee(s), sublessee(s))* with a copy of the declaration, by-laws and rules of the condominium corporation.

3. I (We) acknowledge that, as required by subsection 83 (2) of the *Condominium Act, 1998*, I (we) will advise you in writing if the *(strike out whichever is not applicable: lease, sublease, assignment of lease)* is terminated.

Dated this day of,

.....
(signature of owner(s))

.....
(print name of owner(s))

(In the case of a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation.)

.....
(address)

.....
(telephone number)

.....
(fax number, if any)

HANDICAPPED INFORMATION SHEET

The Fire Department requires that Management have readily available a list of handicapped residents or any residents requiring assistance to evacuate the building. This list enables fire fighters to attend to handicapped people without delay in the event of an emergency.

Therefore, if there are any handicapped occupants within your unit, please contact the management office to advise them of the disability and complete the information below.

RESIDENT'S NAME: _____

RESIDENT'S NAME: _____

SUITE #: _____

TELEPHONE #: _____

NATURE OF HANDICAP: _____

SPECIAL INSTRUCTIONS:

IN CASE OF EMERGENCY CONTACT:

NAME: _____

TELEPHONE NO. : _____

RELATIONSHIP: _____

Please return completed form to:

Taft Forward Property Management Group
#108 – 250 Davisville Avenue
Toronto, ON M4S 1H2