

OWNER/RESIDENT INFORMATION FORM –

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

BUILDING ADDRESS: _____

Unit/Suite Number: _____ **Parking Level & No:** _____ **Locker No.** _____

OWNER INFORMATION

Owner's Name: (1) _____

First Name

Last Name

(2) _____

First Name

Last Name

Address (if owner does not reside at the above address): _____

Tel Numbers: Res: _____ Bus: _____ Cell: _____

E-mail Address: _____

IF OWNER RESIDES AT ABOVE UNIT

Occupant's Names: (1) _____ (3) _____

(2) _____

(4) _____

IF NEW OWNER, PLEASE ATTACH PROOF OF OWNERSHIP (e.g. closing papers, legal letter confirming ownership)

TENANT INFORMATION

Occupant's Names: (1) _____ (3) _____

(2) _____

(4) _____

Tel Numbers: Res: _____ Bus: _____ Cell: _____

E-mail Address: _____

IF TENANT, PLEASE ATTACH THE LEASING AGREEMENT OR SUMMARY OF LEASE OR RENEWAL (Clause 83 (1) (b) of the *Condominium Act, 1998*) WHICH IS ATTACHED

PARKING AND SUITE INFORMATION FOR UNIT RESIDENTS

Vehicle Make/Year/Colour _____ **License Plate Number** _____

(1) _____

(2) _____

In-Suite Alarm: Yes _____ No _____ **Service Contract With** _____

Bicycle Information (Make/Colour): _____

Common Area Bicycle Rack Number (if assigned): _____

Access Card/Key/Fobs Number(s): _____

Garage Remote Control Numbers: _____

Do you have pets? Yes ___ No ___ **IF YES, PLEASE COMPLETE A PET REGISTRATION FORM**

Would you require assistance in an emergency? Yes ___ No ___

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name _____ Condition/Assistance Required _____

Name _____ Condition/Assistance Required _____

IN CASE OF AN EMERGENCY CONTACT:

Name: _____ Relationship: _____ Telephone No: (____) _____

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: Yes ___ No ___

Owner/Resident Signature _____ **Date** _____

**PLEASE COMPLETE AND RETURN THIS FORM WITH REQUIRED ATTACHMENTS TO THE PROPERTY
MANAGEMENT OFFICE AT 231 FORT YORK BLVD., TORONTO, ON M5V 1B2**

Condominium Act, 1998 - O. Reg. 49.01
SUMMARY OF LEASE OR RENEWAL
(Clause 83 (1) (b) of the *Condominium Act, 1998*)

1. This is to notify you that an original ☐ or renewal ☐ {select one} written ☐ or oral ☐ {select one} lease ☐ sublease assignment of lease ☐ {select one} or a renewal of a written or oral lease, sublease or assignment of lease ☐ has been entered into for:

Dwelling	Unit(s) _____	Level _____
Parking	Unit(s) _____	Level _____
Locker	Unit(s) _____	Level _____

On the following terms:

Name of lessee(s)/sub lessee(s)/assignee(s): _____

Telephone Number: _____ Fax Number, if any: _____

E-mail: _____

Commencement Date: _____ Termination: _____

Option(s) to renew: (set out details. I.e., first option commencement date) _____

Rental Payments: _____
(set out amount and when due)

Other Information: _____
(at the option of the owner)

2. I (We) have provided the above-designated lessee(s)/sub lessee(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 above-designated lease/sublease/assignment of lease is terminated.

Dated this _____ day of _____, 20 _____

(Print name of owner)

(Signature of owner)

(Print name of owner)

(Signature of owner)

(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: _____

o: _____ Fax No. (if any): _____

Please complete and return this form to Harmony Management Ltd.

FAX: 905-566-0309 or MAIL TO: 505 Queensway East, Suite 12E, Mississauga, ON L5A 4B4 or Email to the property manager.

PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

Please Complete and Return this Form to Property Management as soon as possible.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

UNIT/SUITE #: _____

As required in the condominium corporation's Fire Safety Plan, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

Brief description (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, or hearing/visually impaired). **Please print.**

Date Completed _____

Resident Signature _____

Please complete and return this form to Harmony Management Ltd.

FAX: 905-566-0309 or MAIL TO: 505 Queensway East, Suite 12E, Mississauga, ON L5A 4B4 or Email to the property manager.



AUTHORIZATION TO ENTER FORM

This form register individuals with the Concierge Desk who are authorized to have access into the building without being announced by the Concierge Desk whether the resident is home or not at home.

I/We _____ from suite _____ authorize the below individuals access into the building without being announced as a visitor, whether I am home or not at home. If there is a loss, cost, damage and/or injury caused to the property resulting from the act or omission of these individuals, the undersigned agrees to be fully responsible and liable. The undersigned agrees to indemnify and hold harmless the Concierge, and all employees and agents of TSCC 1848, 231 Fort York Boulevard from any responsibility or liability for actions, claims, and demands whatsoever. The owner may now or hereafter have relating to the authorization to enter the premises without being announced. I/We will notify the Management Office and Concierge Desk when an individual must be removed from this waiver and must then be announced as a visitor.

Suite Number: _____

Circle one: Owner/ Tenant

Name:

Expiry date:

I/We the undersigned, acknowledge that I have read, understood, and agreed to the above stated terms.

Print Name

Signature

Print Name

Signature

Date



LETTER/ PARCEL ACCEPTANCE WAIVER FORM

The undersigned resident(s) who is/are 18 years of age or older, of 231 Fort York Boulevard, hereby acknowledges that: TSCC 1848, Management and Concierge Staff have no obligation whatsoever to accept parcels, on behalf of any resident/ tenant, delivery of any letters or parcels left with them at the Concierge Desk.

In consideration, building staff providing this assistance, accepting and notifying me/us of delivery to the Concierge Desk of letters, small sized packages, and parcels addressed to my attention, I/We hereby irrevocably release TSCC 1848, Management, and Concierge Staff from any and all liability and claims that may arise from their temporary custody of any such written communication, parcels and/or other items received by them on my/our behalf.

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

Suite Number: _____

Circle one: Owner/ Tenant

Name:

Signature:

Date:

Note:

- All items will be received for registered owners and residents only.
- Residents will be notified by a posting on the unit's mailbox, and telephone calls by the Concierge staff.
- All items accepted by the Concierge Staff on the unit's behalf will be retained for at the front desk for **seven days.**
- Due to reduced space at the front desk, Concierge staff will **not accept** large items such as TVs, large computers, large boxes, or any large items. It is requested that the unit owner/resident be home at the time of delivery of large item(s).
- Concierge staff will not accept perishables, such as food and flowers.
- Concierge staff will not accept keys.

ENTERPHONE REQUEST FORM

All visitors must use the enter phone system to gain access to the building. In order to assist your visitor(s) prompt access to the building and not be delayed at the Security Desk, please ensure that your guests or visitors are contacting you through the enterphone system.

The Security Desk will only admit and announce to the resident (by phone) for permission to allow access to your visitor **ONLY** for visitors who require a parking pass. All others must use the enterphone system. If you are not home access will be refused unless the individual is listed on the Authorization to Enter Form.

To have your name added onto the system, please fill out the following and submit to the **Concierge desk or Management office.**

Please be advised that it is optional to have your name displayed, and must be your last name followed by your first initial or name. If you wish to not have a name appear on the enterphone, you **MUST** supply us with a phone number so that we can assign an enterphone code to you.

Examples:

JOHN SMITH:

S	M	I	T	H	J										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

or

S	M	I	T	H	J	O	H	N							
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

JOHN SMITH & ROSE BLACK:

S	M	I	T	H	J	R									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

or

S	M	I	T	H	B	L	A	C	K						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

DUE TO THE LIMITED AMOUNT OF SPACE ON THE SYSTEM, WE CAN ONLY ADD ONE (1) NAME PER SUITE

PLEASE FILL IN THE FOLLOWING:

Suite: _____ **Name:** _____

Phone Number: _____

(OPTIONAL): Name to appear on Enterphone. The system only allows 15 characters (including spaces)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Management Use Only

Enterphone Code Assigned: _____

Set up by: _____

Date Completed: _____



PET REGISTRATION FORM

The Rules & Regulations of TSCC 1848 states that No more than two (2) pets shall be permitted to reside within any unit. A pet registration form must be completed and returned to the office at the time of occupancy of the unit. On the back of this Pet Registration Form is the Pets/Animals section directly from the Rules & Regulations package of TSCC 1848.

Suite Number: _____

Circle one: Owner/ Tenant

Pet Owners Name: _____

Pet Registration:

Name of pet: _____ Weight: _____ Type of pet: _____

Name of pet: _____ Weight: _____ Type of pet: _____

Breed: _____

Registration Number: _____

***Please attach a photo of your pet:**

PETS/ANIMALS

(From the Rules & Regulations package for TSCC 1848)

1. No animal, livestock, reptile or other than a cat, dog, canary, budgie, or tropical fish shall be kept or allowed on the common elements or in any units.
2. No animal, which is deemed by the Board, in its sole, absolute and unfettered discretion, to be a nuisance or a danger to the Owners and Residents shall be kept in any unit or permitted on the common elements. Any animal which is deemed by the Board to be a nuisance or a danger shall, within two weeks of receipt of written notice from the Board or the Property Manager, be permanently removed from the property.
3. No more than two (2) pets shall be permitted to reside within any unit. A pet registration form must be completed and returned to the office at the time of occupancy of the unit.
4. Unless within the confines of a residential unit, all dogs and cats shall be kept or held in hand by means of a short lead, leash or chain or carried or otherwise contained and this provision shall be applicable to the whole of the common elements whether interior or exterior.
5. No breeding of animals is permitted within any unit or the common elements. No pet sitting or pet boarding is permitted in any unit.
6. No exotic animals, including, but not limited to, snakes, rodents, monkeys or other exotic pets, as determined by the Board in its sole discretion, shall be permitted within any unit.
7. Every dog and cat must wear a collar with an identification of its owner when allowed on common elements.
8. No pet will be permitted to run loose upon the common elements.
9. Any defecation on the common elements by a pet and any urine on the interior common elements must be cleaned up immediately by the pet owner. Should a pet owner fail to clean up after his pet, the Board may declare such pet a nuisance animal.
10. Pets are not permitted to urinate or defecate on balconies, terraces or interior common elements. Pets shall not be left unattended on any balcony, patio or terrace.
11. No pet shall be permitted to damage the common elements or cause any damage to the common elements or mutilate or destroy any of the landscaping, including grass, trees, shrubs, hedges or flowers. Any costs to remedy any damage to the common elements caused by a pet, including any damage caused by cleaning, chemicals or other such materials used in the attempt to remedy damage caused by a pet, will be the responsibility of the Owner in whose unit the pet resides or where the pet is visiting, and such costs shall be collectable in the same manner as common expenses.
12. No one shall permit any animal to bark, howl or cause a noise or disturbance which disturbs the comfort or quiet enjoyment of the property by other Residents.
13. Visitors are not permitted to bring pets on to the property. Dog walkers are not permitted to bring any dogs on the Property that do not reside on the Property.
14. All complaints regarding pets/animals must be submitted to the Property Manager in writing and be signed. It should include details of the nature of the complaint and sufficient information to identify the violator of these Rules, if possible.
15. Each pet owner is responsible for the actions and behavior of his or her pet. The Corporation is not responsible for any damage or injury caused by any pet or any claim related thereto.
16. No feeding of wild birds or wild or feral animals is permitted anywhere on the property.