



WATERCLUB CONDOMINIUMS - TSCC 1686 ELEVATOR RESERVATION AGREEMENT

Reservation requested by _____ Suite No. _____
(Print first & last name)

Outgoing resident: _____ (or)

Incoming resident: _____

Telephone: _____

Reservation request for : move out ☐
(please check **one**) move in ☐
delivery ☐

DAY OF WEEK: _____

DATE: _____

TIME: FROM _____ am / pm TO _____ am / pm

Moving hours: MONDAY TO SATURDAY: 10:00 a.m. to 1:00 p.m.
1:00 p.m. to 4:00 p.m.
DELIVERIES ONLY 5:00 p.m. to 8:00 p.m.

Moving hours: SUNDAY: 12:00 p.m. to 3:00 p.m.
3:00 p.m. to 6:00 p.m.

NO MOVES PERMITTED ON STATUTORY HOLIDAYS

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. I agree to deposit with the Corporation upon signing this agreement and when moving into or out of the building or when moving from one floor to another a refundable security deposit of \$500.00 by cheque only. Cheques are to be made payable to TSCC ~~1686~~. This amount will be refunded as soon as practicable after completion of the move and **provided** no damage or loss has been caused to the common elements of the Corporation. Damage to or loss of the Corporation's property is the responsibility of the above named resident.
2. I agree that I shall be held liable for all damages which may occur as a result of the use of the elevator by me or my agents.
3. I agree that all elevator bookings are made only by appointment with the management office, who may be reached in the management office, Monday to Friday, 8:30 a.m. to 4:30 p.m..
4. It is understood and agreed that the moving times must be adhered to strictly.
5. I agree that all moves must be made through the rear entrance. No items of any type or description are allowed to be moved through the main lobby doors.
6. I agree that all empty boxes and moving cartons are to be dismantled and removed immediately from corridors.
7. I agree that no blockage of corridors or in front of the elevators will be allowed.
8. I agree that the Corporation and/or its agent will not be held liable for any costs pertaining to the delay, if any, in my receiving the elevator as booked above.
9. I agree to advise the management office after the completion of the move so that an inspection can be completed and the elevator pads removed.
10. If I fail to advise the management office at the time of completion I understand I will be responsible for any damages created after I complete my move.
11. I agree to duly complete a Resident Information Sheet if moving in.

I HEREBY ACKNOWLEDGE that I have read this agreement as presented above and I accept all of the conditions contained therein.

Applicant's Signature

DATE: _____

Approved by Management

DATE: _____

FOR OFFICE USE ONLY

RECEIVED DEPOSIT: \$ _____ (cheque only)
DATE RECEIVED: _____ RECEIVED BY: _____
ELEVATOR INSPECTED: (YES / NO) _____ DATE: _____
INSPECTED BEFORE BY: _____ AFTER: _____
APPROVED TO RETURN DEPOSIT: (YES / NO) _____
DEPOSIT RETURNED TO: (Print name) _____ DATE: _____
DEPOSIT RECEIVED BY: (Signed) _____
REASON DEPOSIT **NOT** RETURNED: _____

TORONTO STANDARD CONDOMINIUM CORPORATION NO. 

INSPECTION DETAILS

BEFORE

AFTER

	BEFORE	AFTER
Ground level		
Exterior Doors		
Elevator Doors / Frames		
Elevator Cab / Pads		
Corridor Floors		
Corridor Walls		
Corridor Furnishings		
Lighting Fixtures		
Suite Door		
Other		