

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. Please state **NOT APPLICABLE** where necessary.

BUILDING NAME/ CORPORATION NUMBER:		T.S.C.C. 1686			
BUILDING ADDRESS:		218 Queens Quay West, Toronto, Ontario M5J 2Y6			
Unit/Suite Number:		Parking Level & Number:		Locker Number:	
OWNER INFORMATION					
1. Owner's Name:					
		First Name		Last Name	
2. Owner's Name:					
		First Name		Last Name	
Address (if different from above):					
Home Phone:		Business Phone:		Cell:	
Email Address:					
ENTER-PHONE SYSTEM					
1. Enter-phone Name: (16 characters max)					
Enter-phone Number:					
2. Enter-phone Name: (16 characters max)					
Enter-phone Number:					
OCCUPANT / TENANT INFORMATION					
Occupant Names:	1.		Phone:		
	2.		Phone:		
	3.		Phone:		
VEHICLE / BICYCLE / PET INFORMATION					
1. Vehicle Make:		Plate:		Year:	
2. Vehicle Make:		Plate:		Year:	
Bicycle Make:				Colour:	
Bicycle Rack Number:					
Pets:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type/Description:		
ALARM INFORMATION					
In-Suite Alarm:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Service Provider:		
Access Card/Fob:		Suite Key:		Garage Remote Number:	
EMERGENCY INFORMATION					
Do you require assistance in an emergency			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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:			Assistance Required:		
Name:			Assistance Required:		
In case of Emergency Contact:	Name:			Relationship:	
	Home:			Cell:	
<i>If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal attached. (Requirement of the Condominium Act).</i>					

Dated this: day of

I,

, certify that all the information above is correct.

Print Name



PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

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

Name:		Telephone:	
Address:	218 Queens Quay West, Toronto, Ontario M5J 2Y6		
Unit/Suite Number:			

As required in the condominium corporation's Fire Safety Plan and as per the Ontario Fire Code Section 2.8 subsection 2.8.2.1, in order to ensure the safety of all residents during any emergency in the Building or at this Site, we ask for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, this includes temporary or permanent disabilities, 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, hearing/visually impaired). **Please type below.**

Date:		
EMERGENCY INFORMATION		
In case of Emergency Contact:	Name:	Relationship:
	Home:	Cell:



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

BUILDING NAME/ CORPORATION NUMBER:		T.S.C.C. 1686	
BUILDING ADDRESS:		218 Queens Quay West, Toronto, Ontario M5J 2Y6	
UNIT/SUITE NUMBER:			
LEASE / SUBLEASE / RENEWAL			
This is to notify you that an original lease, sublease or lease renewal (select one)			
Original Lease:	<input type="checkbox"/>	Sublease:	<input type="checkbox"/>
		Renewal:	<input type="checkbox"/>
Entered into for the following:			
Dwelling	Unit(s):	Level:	
Parking	Unit(s):	Level:	
Locker	Unit(s):	Level:	
TERMS			
Name of individual Lessee(s) or Sub lessee(s)	1.		
	2.		
	3.		
Telephone:		Cell:	
Email:			
COMMENCEMENT DATE (MMM / DD / YYYY):			
EXPIRY DATE (MMM / DD / YYYY):			
RENTAL PAYMENT AMOUNT (MMM / DD / YYYY):	\$	DUE DATE (MMM / DD / YYYY):	
Other Information:			

1. 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.
2. 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.
3. I (We) hereby certify that all information given above is correct.

Dated this: day of ,

Print Name of Owner

Print Name 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:

Telephone: