



Toronto Standard Condominium Corporation 1659

Tenant Information Form

Unit # _____

In order for us to provide the highest level of safety and security for all residents of the Waterford, please take time to accurately complete this form. This information, much of which is mandatory under the provisions of the Ontario Condominium Act, 1998 and the By-laws of the Corporation, will enable our Property Management and Security staff to efficiently and effectively provide the highest level of service to all our residents. This personal information will be kept confidential and used or disclosed in a responsible manner solely for those purposes.

- This form must be provided to the Management Office before occupying the suite. It is also the responsibility of tenants to ensure updates are provided to the Management office as soon as possible.

Tenant Information (Please Print)

Name of Tenant(s) as they appear on the lease.

Surname _____

First Name _____

Surname _____

First Name _____

Others residing in unit

Surname _____ First Name _____

Phone Numbers

Home # _____

Work # _____

Cell # _____

E-Mail _____

Additional Care Required

The Fire Department requires that all Management, Superintendents and Security/Concierge staff have a readily available list of a residents requiring additional assistance to evacuate the building in the event of an Emergency. This list enables Fire Fighters to attend to people with special needs without delay.

It is crucial that we keep this list accurate and up-to-date. Therefore, if there are any occupants within your unit requiring additional assistance, please complete the information below.

1. **Nature of Condition/Disability:** _____

2. **Special Instructions:** _____

Emergency Contact Information for Tenant

Primary:

Name: _____

Relationship: _____

Phone Numbers:

Best # _____

Alternate # _____

Secondary:

Name: _____

Relationship: _____

Phone Numbers:

Best # _____

Alternate # _____

Pet Registration and Information

Note: For full details of pet restrictions, including type, number and size, please refer to the T.S.C.C. 1659 Declaration, Article IV 4.2(C). An example is; one dog, maximum 30 pounds at maturity.

Name _____

Age _____ **Weight** _____

Vet Information _____

Description & Additional Information) _____

Breed _____

Colour _____

Vet Contact _____

Access Control, Vehicle and Locker Registration

Access Control

Please indicate the number of security FOBS in your possession. 1 2 3 4 or more. (Please circle number)
If you have more than 4FOBS, please indicate how many. _____.

For Security and Management office use only.

FOB numbers assigned to this unit; 1) _____ 2) _____ 3) _____ 4) _____ more) _____

Vehicle and Parking Registration

Note: All Tenant vehicles must be registered with the Management Office and parked only in the spaces noted below. Parking in non-registered spaces, visitor spaces and other common element areas, without Management Office and/or Security approval, is prohibited. Offenders will be ticketed and towed if necessary.

Vehicles;

1. Model _____ Colour _____ Licence Plate _____
2. Model _____ Colour _____ Licence Plate _____
3. Model _____ Colour _____ Licence Plate _____
4. Model _____ Colour _____ Licence Plate _____

Parking Spaces;

1. Parking space # _____ Parking level # _____
2. Parking space # _____ Parking level # _____
3. Parking space # _____ Parking level # _____
4. Parking space # _____ Parking level # _____

Locker Information

Lockers;

1. Unit # and Level _____
2. Unit # and Level _____
3. Unit # and Level _____

Tenant Acknowledgment

I have received, either from my Landlord or through the Management Office, a copy of the Declaration, By-Laws and Rules of T.S.C.C. 1659.

Yes or No (please circle one)

I have provided the Management office with a signed *Tenant's Undertaking and Acknowledgement* Form as required by the Rules of the T.S.C.C. 1659 Corporation. Schedule 2.

Yes or No (Please circle one)

Note: If any of the above questions are answered "No" please contact the Management Office to arrange for compliance.

SIGNATURE OF TENANT _____ **Date** _____

Questions regarding the completion, or any of the information required on this form, may be directed to:

Maple Ridge Community Management LTD.
(Agents for and on behalf of: T.S.C.C.1659)
2087 Lake Shore Blvd. West
Toronto Ontario, M8V 4G3

Phone: 416 259-8897
Fax: 416 259-1476