



TORONTO STANDARD CONDOMINIUM CORPORATION NO. 2095

628 FLEET STREET, TORONTO, ON, M5V 1A8

Tel: 416-603-9390 | Fax: 416-603-9391

Email: westharbourcity1@gmail.com

Date: _____

Suite No. _____ # of bedrooms _____

SECTION I

(1) Owner/s Name

Name/s of Registered Owner(s)	Home Phone #	Bus. Phone #	Emerg. Phone #

(2) Address of NON-resident owner

# & street name	
City & Postal code	

Owner (1) E-mail address: _____

Owner (2) E-mail address: _____

(3) Record of people living in the unit –Owner ⁱ or Tenantⁱ lease term:

Full Name	Relationship to Owner	Home Phone #	Bus Phone #

Tenant (1) E-mail Address: _____

Tenant (2) E-mail Address: _____

SECTION II- to be completed by office

Yes

No

(1) Does Security have a copy of your unit door key? ☐ ☐
key code:

(2) FOB Record

FOB #	FOB status (lost?)

(4) GARAGE REMOTE record

REMOTE #	REMOTE status (lost?)

SECTION III – FOR ENTERPHONE USE ONLY

Name to be put on Directory	Buzz Code	Phone # (*)

Please indicate here if you do not want your name on the Directory board o

SECTION IV – EMERGENCY INFORMATION

Please provide the name of an individual who we can contact in the event of an emergency. The Corporation will, first, attempt to contact you and then your emergency contact.

Name _____, Relationship to Resident: _____

Emergency Phone # _____ / _____ / _____
Home Business Cell

(2) Person/s in need of assistance:

The Fire Code dictates that a record must be kept of all persons requiring assistance in case of an emergency. Would any occupant in your suite need special assistance in an emergency?

Yes ☐ No ☐

Name of person/s _____

Nature of Disability _____

SECTION V – PARKING(S) / VEHICLE(S) INFORMATION

(1) Vehicle(s) Record

Parking Space #	Level	Vehicle Owner's Name	Make of Vehicle	Licence Plate #

(2) If you own a locker, the unit number(s) _____, _____, _____

If you are renting a locker, the unit # and suite # of owner is: _____, _____

If you own a bike please complete Bike Registration Form (available at Security Desk or Management Office).

If you have pets, please complete a Pet Registration Form for each pet (available at Security Desk or Management Office).

PRINT NAME _____

SIGNATURE _____

DATE: _____



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PET REGISTRATION

Please complete this form and return to the Property Management Office.

1. Date: _____ / _____ / _____
Month Day Year
2. Please check one:
☐ **I own** the suite (**Owner**) ☐ **I lease** the suite from the owner (**Tenant**).
3. Suite #: _____

REGISTERED SUITE RESIDENT INFORMATION:

Last Name: _____, Given Name: _____

Last Name: _____, Given Name: _____

Pet Owner's Contact Information:

_____/_____
Home Telephone Business Telephone

_____/_____
Email Mobile Telephone

PET INFORMATION:

Type of Animal: _____, Given Name: _____

_____/_____/_____/_____
Colour Age Weight Sex of Animal

Please check all applicable:

- | | |
|--|-------------|
| <input type="checkbox"/> Does your animal have an identification tattoo? | ID #: _____ |
| <input type="checkbox"/> Does your animal have an identification tag? | ID #: _____ |
| <input type="checkbox"/> Does your animal have an identification ear notch? | ID #: _____ |
| <input type="checkbox"/> Does your animal have an identification micro-chip? | ID #: _____ |

Note: Rule 12(h): **Dogs must be under 90 lbs.....**



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Parcel Acceptance Waiver Form

"The resident(s)", who is/are 19 years of age or older, hereby acknowledge that Brookfield Condominium Services or G4S Secure Solutions (Canada) Ltd. have no obligation whatsoever to accept, on behalf of any resident (owner or tenant), the delivery of any letters or parcels to be left with them at the Concierge desk. However, the undersigned has specifically requested this assistance.

If however, the undersigned specifically request this assistance, and the building staff providing this assistance will be accepting and notifying the undersigned of such delivery, I/we hereby irrevocably release Brookfield Condominium Services and G4S Secure Solutions (Canada) Ltd., their respective employees, officers, servants and agents from any and all liability and claims however arising from their temporary custody of any such items received by them on my/our behalf.

SUITE No.: _____

NAME:

SIGNATURE:

DATE:
