

**Form 5**  
**Minister's Regulation 49 / 01**  
*Condominium Act, 1998*

SUMMARY OF LEASE OR RENEWAL  
(clause 83 (1) (b) of the Condominium Act, 1998)

TO: METROPOLITAN TORONTO CONDOMINIUM CORPORATION 876

This is to notify you that:

Check one

A written  lease  sublease  assignment of lease

**OR**

A renewal of a written  lease  sublease  assignment of lease)

Has been entered into for:

Unit(s) \_\_\_\_\_ Level(s) \_\_\_\_\_ known as Suite \_\_\_\_\_ and for Parking  
Unit(s) \_\_\_\_\_ Level(s) \_\_\_\_\_ ; Parking Unit(s) \_\_\_\_\_  
Level(s) \_\_\_\_\_ ; and for the use of exclusive use locker known as Locker #  
\_\_\_\_\_ Level \_\_\_\_\_ Room \_\_\_\_\_

**(include all parking or storage units that have been leased)**

on the following terms: (All persons who will occupy the unit must be named on the lease as occupants – each unit is registered as a private residence and is subject to the Occupancy By-law of the City of Toronto which limits the number of residents .The solarium is not considered to be a bedroom by city standards. A one-bedroom unit is for a maximum of two persons. The Condominium Corporation requests compliance with the occupancy standards.)

Name of lessee(s) (or sublessee(s) – (All persons who will occupy the unit must be stated on the lease.)

\_\_\_\_\_  
\_\_\_\_\_

Telephone number of lessee: \_\_\_\_\_ Fax \_\_\_\_\_

Commencement date of lease : \_\_\_\_\_

Termination date: \_\_\_\_\_

Option(s) to renew: check one  Yes  No

(set out details)

Rental payments: \_\_\_\_\_  
(set out amount and when due)

Pet is allowed [ ] Yes [ ] No

Other information: \_\_\_\_\_

\_\_\_\_\_  
(at the option of the owner)

1. I (We) have provided the [ ] lessee(s) [ ] sublessee(s) (check one) 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 [ ] lease [ ] sublease [ ] assignment of lease (check one) is terminated within 48 hours.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(signature of owner (s))

\_\_\_\_\_  
(print name of owner (s))

If the unit is managed by a property management firm or others, please provide name, address and telephone number of person assuming responsibility for the completion of the Form 15.

In the case of a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation..

\_\_\_\_\_  
(complete address)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(fax number)

Note: A copy of the Declaration, By-laws and Rules can be obtained for the prepaid fee of \$20.00 from the management office at 1001 Bay Street, Toronto, ON M5S 3A6

**Tel: 416-960- 4813 Fax: 416-960-6343**

**\*\*PLEASE INFORM TENANTS OF CORPORATION MOVE IN/OUT FEE OF  
\$125.00 + GST**