



OWNER/RESIDENT INFORMATION FORM – TSCC 2029

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.

BUILDING ADDRESS: 5508 Yonge Street, Toronto, ON M2N 7L2

Unit/Suite Number: _____ Enter phone Number: _____ (If Applicable)

Parking Level & No: _____ Locker No. _____ (If Applicable)

Owner's Name: (1) _____ First Name _____ Last Name _____

(2) _____ First Name _____ Last Name _____

Address (if different from above): _____

Tel Numbers: Res: () _____ Bus: () _____ Cell: () _____

E-mail Address: _____

Occupant's Names: (1) _____ (3) _____

(2) _____ (4) _____

Telephone Number (if different than Unit Owners) Res: () _____ Bus: () _____

Vehicle Make/Year/Colour _____ Licence Plate Number _____

(1) _____

(2) _____

In-Suite Alarm: Yes ___ No ___ Service Contract With _____

Bicycle Information (Make/Colour): _____

Common Area Bicycle Rack Number (if assigned): _____

Access Card/Key/Fobs Number(s): _____

Garage Remote Control Numbers: _____

Do you have pets? Yes ___ No ___ If Yes, type and Description: _____

Would you require assistance in an emergency? Yes ___ No ___
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 _____ Condition/Assistance Required _____

Name _____ Condition/Assistance Required _____

In Case of an Emergency Contact: _____

Name: _____ Relationship: _____ Telephone No: () _____

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: Yes ___ No ___

If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form '5' attached. (Requirement of the Condominium Act).

Owners/Residents Signature _____ Date _____



Pulse

T.S.C.C. 2029 - PULSE II

PARCEL/ENVELOPE DELIVERY

RELEASE & WAIVER FORM

I hereby authorize the Front Desk Concierge to accept packages on my behalf.

Neither Toronto Standard Condominium Corporation Number 2029, nor its agents will be held responsible for any lost or damaged goods.

Resident's Name (please print)

Suite Number

Resident's Authorized Signature

Date

Pulse

ELEVATOR BOOKING - 5508 YONGE ST.

FULL NAME: _____
SUITE #: _____
TELEPHONE #: _____
DATE: _____ TIME: _____
MOVE OUT _____
MAILING ADDRESS: _____

SENARIO: MOVING IN MOVING OUT DELIVERY

BOOKING TIME:

MOVING (#M1) 8:00 A.M. - 12:00 P.M.	MOVING (#M2) 1:00 P.M. - 5:00 P.M.
DELIVERY (D1) 8:00 a.m. - 10:00 a.m.	DELIVERY (D3) 1:00 p.m. - 3:00 p.m.
DELIVERY (D2) 10:00 a.m. - 12:00 p.m.	DELIVERY (D4) 3:00 p.m. - 5:00 p.m.

**NO MOVES OR DELIVERIES AFTER 5PM OR ON SUNDAYS AND
STATUTORY HOLIDAYS**

NOTES: _____

PRE-INSPECTION COMMENTS:

MOVING AREA // ELEVATOR // HALLWAY & CHUTE ROOM

S/O: _____
RESIDENT: _____
TIME: _____

POST-INSPECTION COMMENTS:

MOVING AREA // ELEVATOR // HALLWAY & CHUTE ROOM

S/O: _____
RESIDENT: _____
TIME: _____

MOVING COMPANY: _____ LICENSE PLATE: _____
\$250.00 DEPOSIT: RECEIVED YES

RESIDENT SIGNATURE: _____ SECURITY SIGNATURE: _____

OFFICE USE

RESIDENT REGISTERED TO UNIT: YES MANAGEMENT INITIALS _____
\$250.00 SECURITY DEPOSIT RECEIVED: YES MANAGEMENT INITIALS _____
NO DAMAGES RETURN \$250.00 DEPOSIT: YES
HOLD CHEQUE FOR DAMAGES CAUSED: YES

DEPOSIT RETURNED BY MANAGEMENT: _____ RESIDENT SIGNATURE: _____