

OWNER(S)/RESIDENT(S) REGISTRATION FORM

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

(PLEASE PRINT CLEARLY):

SUITE NO: _____ DATE: _____
ADDRESS: 120 Homewood Avenue, Toronto, Ontario M4Y 2J3 MOVE-IN DATE: _____
OCCUPANCY TYPE: Owner Occupied DCRI Other Rentals NUMBER OF BEDROOMS: _____

NAME OF REGISTERED UNIT OWNER(S)

SURNAME: _____ FIRST NAME: _____
SURNAME: _____ FIRST NAME: _____
ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Street & Number Suite No. City Province Postal Code
TELEPHONE NO: (H) () (B) ()
CELL PHONE: (Other No.) ()
E MAIL ADDRESS: _____

PARKING:

PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____ LIC.NO: _____
PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____ LIC.NO: _____

LOCKER:

LOCKER NO: _____ LEVEL: _____ LOCKER NO: _____ LEVEL: _____

KEYS AND LOCK:

KEYS IN YOUR POSSESSION:

KEY FOB/REMOTE CONTROL NUMBERS: _____

BUILDING KEY/LOCKER ROOM: [] YES [] NO IF "YES", HOW MANY: _____

SUITE KEY # _____ MAILBOX KEY # _____ LOCKER PAD LOCK KEY # _____

ORIGINAL LOCK YES _____ NO _____ OLD LOCK YES _____ NO _____

IF NEW LOCK, PLEASE MAKE SURE ON BUILDIGN MASTER SYSTEM YES _____ NO _____

RESIDENT(S) INFORMATION

1. SURNAME: _____ FIRST NAME: _____

TELEPHONE (H): (____) _____ (B): (____) _____ (Cell): (____) _____

EMAIL ADDRESS: _____

2. SURNAME: _____ FIRST NAME: _____

TELEPHONE (H): (____) _____ (B): (____) _____ (Cell): (____) _____

EMAIL ADDRESS: _____

3. SURNAME: _____ FIRST NAME: _____

TELEPHONE (H): (____) _____ (B): (____) _____ (Cell): (____) _____

EMAIL ADDRESS: _____

NAME TO BE LISTED ON INTERCOM SYSTEM: _____

NUMBER FOR INTERCOM SYSTEM (ONE NUMBER ONLY): _____

EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____
TEL. NO.: (H) (____) _____ (B) (____) _____

NAME: _____ RELATIONSHIP: _____
TEL. NO.: (H) (____) _____ (B) (____) _____

NAME: _____ RELATIONSHIP: _____
TEL. NO.: (H) (____) _____ (B) (____) _____

HANDICAP ASSISTANCE REQUIRED: [] YES [] NO

IF "YES" PLEASE LIST SPECIAL REQUIREMENTS: NAME: _____

HANDICAP: _____

WOULD YOU REQUIRE ASSISTANCE IN AN EMERGENCY? [] YES [] NO

TYPE OF DISABILITY: _____

DO YOU HAVE PETS? [] YES [] NO **IF "YES", TYPE & DESCRIPTION:** _____

(PLEASE ASK CONCIERGE FOR **PET(S) REGISTRATION FORM**. PICTURE TO BE KEPT ON FILE IN THE OFFICE)
A DOG OR A CAT (EXCLUDING PITBULLS, DOBERMANS, MASTIFFS, ROTTWEILERS, AND ANY OTHER SIMILAR BREEDS OF DOG THAT ARE CUSTOMARILY BRED OR TRAINED AS "GUARD DOGS" OR "ATTACK DOGS") THAT ARE SUFFICIENTLY SMALL IN BOTH WEIGHT AND SIZE SUCH THAT SAME CAN BE EASILY LIFTED AND CARRIED THROUGHOUT ALL PORTIONS OF THE COMMON ELEMENTS BY THE DOG'S OR CAT'S OWNER (WHENEVER SUCH PET IS BEING TRANSPORTED TO AND FROM SUCH OWNER'S DWELLING UNIT).

IF YOU ARE A RESIDENT, PLEASE COMPLETE THE SECTION BELOW.

RESIDENTS ACKNOWLEDGEMENT

I/We hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licensees, from time to time, will in using the unit occupied by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of occupancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

I/We have received TSCC 1962 Welcome Package along with the Corporation Rules and Regulations on _____ (Date). (Please visit management office to pick up)

Property Management Office

Location: 120 Homewood Avenue, Toronto, Ontario (beside concierge)

Office hour: Monday to Wednesday & Friday from 9:00 a.m. to 5:00 P.m.

Thursday from 1:00 p.m. to 5:00 p.m.

WITNESS WHEREOF, this _____ day of _____, Year _____

in the City of _____

Name Print

Signature

Name Print

Signature

Waiver – Suite Entry & Parcel Delivery

Suite Entry:

I, _____ of suite number _____ do hereby authorize Concierge / Management and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation's business. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required. I hereby release Concierge / Management and its duly authorized agents and employees from any present or future liability for such entry or entries.

Parcel Delivery:

I, _____ of Suite number _____ do hereby authorize Concierge / Management and its duly authorized agents and employees to accept small packages, which must be signed for, on my behalf. In so doing I release Concierge / Management and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver is for parcels only. The Condominium Corporation and its authorized agents are not authorized to and therefore cannot accept registered mail.

These released are in effect until I notify _____ in writing to the contrary.

Witness

Signature

Date

Date



MOVING REPORT: IN / OUT / DELIVERY [CIRCLE TO INDICATE]

NAME OF RESIDENT MOVING _____
TELEPHONE CONTACT # _____
SUITE AND BUILDING _____
MOVING COMPANY _____
DATE OF MOVE + TIME _____

MAILING CONTACT:	_____
ADDRESS	_____
TELEPHONE NO./ FAX/ EMAIL	_____

*** NOTE THERE IS A MAXIMUM FOUR (4) HOUR TIME LIMIT.

*** DAMAGE DEPOSIT OF \$300.00 MUST BE DELIVERED TO THE MANAGEMENT OFFICE, PAYABLE IN MONEY ORDER [to "TSCC 1962"] OR CERTIFIED CHEQUE (to "TSCC 1962").

1. THE MOVING ENTRANCE, ELEVATOR, ELEVATOR LOBBY, CORRIDORS (ALSO LOCKER OR BIKE ROOM IF APPLICABLE) BETWEEN THE SUITE AND THE MOVING AREA WILL BE INSPECTED BY THE PERSON MOVING AND THE BUILDING SUPERINTENDENT OR SECURITY STAFF, **PRIOR TO THE MOVE** AND ANY EXISTING DAMAGE SHALL BE NOTED AS FOLLOWS:

2. THE RESIDENT AGREES TO USE ONLY THE ABOVE LISTED AREA FOR MOVING (TRUCKS MUST USE BACK LANEWAY AT REAR OFF WELLESLEY PLACE AND GO THROUGH DOORS LEADING TO MOVING ELEVATOR. **DO NOT LEAVE ANY FURNITURE OR ITEMS BLOCKING ELEVATORS, CORRIDORS OR UP AGAINST WALLS (CONTRAVENES FIRE CODE).**
3. THE RESIDENT AGREES TO ASSUME DIRECT RESPONSIBILITY FOR ANY REPAIRS OR CLEANING THAT, IN THE OPINION OF THE CORPORATION'S PROPERTY MANAGER, ARE NECESSARY AS A RESULT OF THE MOVE (REGARDLESS WHETHER RESIDENT IS CONDUCTING MOVE OR A PRIVATE COMPANY IS HIRED). IT IS UNDERSTOOD THAT ANY REQUIRED REPAIRS OR CLEANING WILL BE ARRANGED BY THE PROPERTY MANAGER AND THAT THE RESIDENT WILL REIMBURSE THE CORPORATION, FOR ALL COSTS OF THE ABOVE MENTIONED SERVICES.
4. THE RESIDENT AGREES TO DELIVER A **CERTIFIED CHEQUE, MONEY ORDER, IN THE AMOUNT OF \$300.00, AS A DAMAGE DEPOSIT (payable to TSCC 1962).** IT IS UNDERSTOOD THAT THE CORPORATION WILL NOT RETURN THIS DEPOSIT, IN THE EVENT OF DAMAGES OR REQUIRED CLEANING UNTIL SUCH TIME THAT DAMAGE OR CLEANING HAS BEEN COMPLETED, AT WHICH TIME ANY UNUSED PORTION WILL BE RETURNED. ANY COSTS ABOVE THE DEPOSIT AMOUNT WILL BE CHARGED TO THE RESIDENT. IN THE EVENT THAT NO DAMAGE OCCURS, THE DEPOSIT WILL BE RETURNED AFTER THE PREMISES IS INSPECTED OR THE NEXT BUSINESS DAY.
5. THE RESIDENT AGREES TO REIMBURSE THE CORPORATION FOR THE COST OF REPLACING ANY MOVING EQUIPMENT (HAND TRUCK, MATS, MOVING PADS) THAT HAS BEEN USED BY THE RESIDENT AND NOT RETURNED IN SATISFACTORY CONDITION.

THE FOLLOWING AREAS WERE INSPECTED BY STAFF AND FOUND TO BE IN GOOD ORDER (BACK LANEWAY, LOADING DOCK, DOORS, FOYER NEAR THE MOVING ELEVATOR, INSIDE ELEVATOR CAB, FLOOR CORRIDOR ASSOCIATED TO THE SUITE, SUITE DOOR AND FRAME) EXCEPT DAMAGES OR DEFICIENCIES WERE NOTED AS FOLLOWS:

X _____
SIGNATURE OF RESIDENT

X _____
SIGNATURE OF SECURITY/CONCIERGE

IF THERE IS NO DAMAGE, CIRCLE "OK"

X _____
(SECURITY/CONCIERGE CONDUCTING INSPECTION)

RETURN OF DEPOSIT:

DATE:

X _____

X _____
MANAGEMENT OFFICE

X _____
SIGNATURE OF RESIDENT

NOTICE TO OWNER OR RESIDENT USING ELEVATOR

WE RECOMMEND THAT YOU LET THE PEOPLE WHO WILL BE ACTUALLY MOVING YOUR POSSESSIONS READ THE STIPULATIONS ON THE FRONT OF THIS FORM.

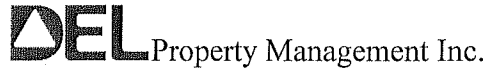
WE ASK YOU TO CONSIDER THE FACT THAT ALTHOUGH WE UNDERSTAND THE NEED TO PUT THE ELEVATOR ON SERVICE FOR NEW RESIDENTS, THE REST OF THE BUILDING OCCUPANTS ARE BEING INCONVENIENCED.

IF THE ELEVATOR PADS BECOME DISLODGED DURING THE MOVE AND THE ELEVATOR TECHNICIAN IS REQUIRED TO MAKE REPAIRS, YOU SHOULD EXPECT AN INVOICE IN THE RANGE OF \$150.00. PLEASE USE CARE AND CAUTION.

PLEASE ADVISE THE CONCIERGE, MAINTENANCE STAFF OR PROPERTY MANAGEMENT OFFICE AS SOON AS THE MOVING HAS BEEN COMPLETED OR IF YOU DO NOT NEED THE ELEVATOR BETWEEN LOADS.

YOUR KINDNESS AND COOPERATION WILL BE APPRECIATED.

Huda Abbasi,
Property Manager



MOVING DAY FORM

Location: TSCC 1962 / 120 Homewood Avenue, Toronto, Ontario M4Y 2J3

Date: _____ Suite #: _____

Name of Resident: _____

I/We, _____ have inspected the elevator and moving areas today with the Superintendent and found it to be in clean and reasonable condition. We agree that if any damages are incurred during our move the charges relating to repair will be deducted from the \$ _____ deposit.

Resident's Signature: _____

Superintendent Signature: _____

DESCRIPTION OF AREA	DETAILS OF FINDINGS BEFORE	DETAILS OF FINDINGS AFTER
GROUND FLOOR		
Elevator Doors Interior		
Elevator Doors Exterior		
Elevator Floor		
Moving Pads		
Moving Hall Floors		
Cleanliness of Moving Hall		
Moving Room Doors		
Moving Hall Walls/Ceiling		
" " FLOOR		
Elevator Doors & Trim		
Carpet		
Wallpaper		
Suite Door		
Garbage Room		
Other Comments		