

westside

Authorization to accept form

I authorize the Security Staff at Westside to accept the following:

registered mail
courier deliveries
parcels
other: please specify

Please note that the security staff will not accept food deliveries or any items of an oversized nature. Security reserves the right to refuse any delivery.

it is understood and accepted by me that no responsibility, no matter how caused rests with Management and the Corporation security staff if any articles accepted goes astray or is lost.

i further understand and agree that Management and the Corporation shall not be liable for any claims concerning or arising out of any such missing or lost articles and I hereby waive any such claim.

resident name	
resident signature	
suite no.	date

Note: this authorization contains a clause limiting the liability of the Staff and The Corporation

MTCC 1353 – Westside Lofts

SERVICE ELEVATOR RESERVATIONS / DAMAGE DEPOSIT

The service elevator is located in the loading area at the back of the building. Access can be obtained by traveling west on King St., turning right on Tecumseth St. (first intersection past Bathurst St.), and turning right on Adelaide. The loading area driveway is beside the entrance to 575 Adelaide and leads to the back of 700 King Street West. Push the bell button to reach Security/Concierge to open the door.

POLICY

1. The Corporation will provide a service elevator for the purpose of moving Owners/Residents in or out as well as for general deliveries, suite service and renovations (**note:** the loading of grocery and other household items are not subject to the procedures outlined below).
2. All moves and deliveries are to be conducted using the service elevator and loading doors. Absolutely no deliveries are to be made through the front lobby.
3. The service elevator is available from 9:00 a.m. to 8:00 p.m. daily. No moves (or completion of moves) are permitted after 8 p.m.
4. All items being moved must be taken directly from the service elevator to the suite. It is prohibited for anything to be placed and left in the hallways. In addition, the Corporation is unable to store anything for Owners/Residents.
5. Only one suite may use the service elevator at any one time. Double booking is not allowed.

PROCEDURE

1. Owners/Residents wishing to reserve the service elevator should contact Security/Concierge at least one week in advance; however, security may use their judgment for requests made less than seven days in advance.
2. Owners/Residents must complete and sign (in the bottom left hand corner) a reservation form, available from Security/Concierge. Owners/Residents moving in or out or receiving deliveries of large furniture or renovation materials must leave a deposit of \$500.00, payable by personal cheque to MTCC 1353 (Security/the Concierge will staple the cheque to the application form).
3. Prior to the beginning of the move/delivery, Security/the Concierge will inspect the service elevator and hallways where the move will take place and note any pre-existing damage.
4. When the move is complete, Security/the Concierge will inspect the service elevator and hallways again. Any new damage must be recorded and communicated to the property manager. If no new damage has occurred, the deposit cheque will be returned to the owner/resident.

DATE ELEVATOR REQUIRED: _____ SUITE No" _____

OWNER/TENANT'S NAME (PLEASE PRINT): _____

MOVE IN: _____ MOVE OUT: _____ DELIVERY: _____

TELEPHONE BUSINESS: _____ HOME: _____ MOBILE: _____

I/WE AGREE TO PROVIDE A DAMAGE DEPOSIT OF FIVE HUNDRED DOLLARS (\$500.00), PAYABLE VIA PERSONAL CHEQUE TO MTCC 1353, TO COVER THE COST OF ANY DAMAGE CAUSED TO THE SERVICE ELEVATOR OR COMMON ELEMENTS DURING THE MOVE. IF NO DAMAGE IS CAUSED, THE DEPOSIT WILL BE RETURNED TO ME/US, FOLLOWING COMPLETION OF THE MOVE. I/WE ALSO AGREE THAT SHOULD DAMAGE OCCUR DURING THE MOVE FOR WHICH REPAIR COSTS EXCEED THE INITIAL DEPOSIT, I/WE WILL PAY THE CORPORATION THE FULL AMOUNT.

APPLICANT: _____
 DATE: _____

I ACKNOWLEDGE RECEIPT OF A \$500.00 DEPOSIT AGAINST DAMAGE CAUSED TO THE SERVICE ELEVATOR AND/OR COMMON ELEMENTS OF THE CORPORATION FROM THE APPLICANT NAMED ABOVE.

PROPERTY MANAGER / CONCIERGE: _____

PRE-INSPECTION

 SECURITY OFFICER: _____

POST-INSPECTION

 SECURITY OFFICER _____

I HEREBY ACKNOWLEDGE RECEIPT AND RETURN OF THE \$500.00 DAMAGE DEPOSIT FROM THE CORPORATION.

APPLICANT: _____
 DATE: _____

**REAL ESTATE SHOWING OF SUITE
LETTER OF AUTHORIZATION**

**TO: M.T.C.C. NO. 1353
700 KING STREET WEST
TORONTO, ONTARIO, M5V2Y6**

I/WE _____ (OWNER(S) OF SUITE NO. _____
AUTHORIZE M.T.C.C. NO. 1353, MANAGEMENT AND SECURITY OFFICERS TO
ALLOW _____ (REAL ESTATE FIRM),
ACCESS TO SUITE NO. _____, 700 KING STREET WEST, TORONTO,
ONTARIO, M5V 2Y6 IN ORDER TO SHOW MY/OUR SUITE TO PERSPECTIVE
CLIENTS BY APPOINTMENT ONLY.

I/WE WILL ENSURE THAT:

1. THE SUITE NO. _____, IS EMPTY.
2. THE SUITE HAS A TENANT, AUTHORIZATION OBTAINED FROM SUITE
(OWNER TO PROVIDE COPY OF AUTHORIZATION TO ENTER FROM
TENANT TO FRONT DESK). YES _____ NO _____.
3. THE AGENT HAS A KEY. YES _____ NO _____.
4. THIS AUTHORIZATION IS IN EFFECT FROM _____
TO _____

DATE: _____ SIGNATURE OF OWNER: _____

SIGNATURE OF ACTING REAL ESTATE AGENT: _____

**PLEASE NOTE: AUTHORIZATION FOR REAL ESTATE SHOWING OF ANY
SUITE MUST COME DIRECTLY FROM THE OWNER OF THE UNIT ONLY.
WHEN A SUITE IS OCCUPIED BY A TENANT, WRITTEN AUTHORIZATION TO
SHOW THE SUITE MUST ALSO COME DIRECTLY FROM THE TENANT ONLY.**

Confidential resident information form

We request that you complete this information form to keep an up-to-date owner/resident list. This information will be kept confidential and used for Corporation business and/or emergency only.

date	suite no.
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Owner information

name	
address	
email	
primary phone #	secondary phone #
emergency contact (name & phone number)	

Resident information

name(s) – all persons residing in the suite

primary phone #	secondary phone #
emergency contact (name & phone number)	
car year, make & model	license
access card number(s)	locker no.
pets name / type	pets name / type
bicycles: how many	storage location

Supply the email address you would like official notifications from the Board of Directors and Management sent to

email(s)

Do you require special assistance during emergencies? Please specify

signature	name
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