

Form 5 – Summary of Lease or Renewal

(Clause 83(1) (b) of the Condominium Act, 1998)

TO:.....PCC 386.....
(Name of the condominium corporation)

1. This is to notify you that:

- | | |
|--|--|
| <input type="checkbox"/> an original | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Written | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Sublease |
| <input type="checkbox"/> Assignment of lease | <input type="checkbox"/> Renewal of a written |
| <input type="checkbox"/> Oral lease | <input type="checkbox"/> Sublease or assignment of lease |

has been entered into for:

Unit (S)..... Level(S)..... Parking (S)..... Locker(S).....

On the following terms:

Name of lessee(S)/Sublessee(S):.....

Telephone number: Fax number, if any:.....

Commencement date:..... Termination date:.....

Option(S) to renew: Rental payments:.....

Other information:.....

2- I (We) have provided the Lessee(S) / Sublessee (S) with a copy of the declaration, By-Law and rules of the condominium corporation.

3- I (We) acknowledge that, as required by subsection 83(2) of the **Condominium Act 1998**, I (We) will advise you in writing if the Lessee(S) / Sublessee (S) / assignment of Lease is terminated.

Dated thisday ofyear

(Print name of owner)

(Signature of owner)

(Print name of owner)

(Signature of owner)

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

Address:.....

Telephone No.:..... Fax No. (if any)

RESIDENT INFORMATION

Security Alarm Code: _____

Enter Phone Number: _____

Suite Number: _____

Owner's Name(s): _____

Date: _____

NAMES	AGES	NAMES	AGES

Owner's Address: *(Only if not living on site)*

Home Phone #: _____ Business Phone #: _____

Email Address: _____ Cell Phone #: _____

Would you like your Owners Packages/Budgets and any other information sent by email?

Resident's Name(s):

NAMES	AGES	NAMES	AGES

(Only if not the same as above)

Home Phone # : _____ Business Phone #: _____

Email Address: _____ Cell Phone #: _____

Holiday Address: _____

Lease Commencement Date: _____

Locker Number: _____

Level	Parking Space Number	Make/Year of Vehicle	License Plate Number

EMERGENCY CONTACTS:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Would you require assistance in the event of an Emergency? Yes No

Type of Disability: _____

ACCESS KEYS/CARDS/FOBS:

Key #1 _____ Key #2 _____ Key #3 _____ Key #4 _____

Amount Paid: \$ _____ If Refundable, how much? \$ _____

Remote Control Number(s): _____

Amount Paid: \$ _____ If Refundable, how much? \$ _____

Have you changed the suite door lock? Yes No

If yes, has a copy of the key been given to Management? Yes No

Do you have any pets? If yes, please note the breed, description and weight. _____

TENANTS ACKNOWLEDGMENT

I hereby acknowledge and agree that I, the members of my household, and guest, invitees, licenses, from time to time, will in using the unit rented by me, and the common elements, comply with the provision of the Condominium Act, the Declarations, By-laws, Management Agreement, Service Agreements, and other agreements and the Rules and Regulations of Peel Condominium Corporation 386 during the term of the Tenancy Agreement and my tenancy, will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common element expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

IN WITNESS WHEREOF, this _____ day of _____, 200_____.

In the City of Mississauga

Signature

Witness

Signature

Witness



SERVICE ELEVATOR RESERVATION FORM

RESERVED FOR: _____ SUITE: _____

PHONE #: _____ DEPOSIT \$100.00 RECEIVED: _____

MOVING IN: _____ MOVING OUT: _____ DELIVERY: _____

NAME OF MOVING COMPANY: _____

NAME OF DELIVERY COMPANY: _____

DATE NEEDED: _____

TIME OF MOVE: 8:00-12:00 12:00-4:00

Please note: The elevator must be booked at least 48 hours in advance of your delivery or move. Any short notice bookings will be at the discretion of the Management Office

Certificate of Agreement

I the undersigned fully understand and agree to adhere to the rules governing the use of the service elevator explained in the Corporation by-laws of P.C.C. 386. I also fully understand and agree that I will leave a damage deposit in the amount of \$100.00 with the Corporation that will be forfeit guests or residents of suite cause by their action of negligence any damage to the Corporation Property, or leave behind any waste materials.

Signed: _____ Date: _____

Damage Checklist

Service Entrance Damage	Yes: _____	No: _____
Elevator Damage	Yes: _____	No: _____
Lobby of Hall Damage	Yes: _____	No: _____
Garbage Boxes Left	Yes: _____	No: _____

Damage Deposit Returned

In person:

Signed: _____ Date: _____