

STUDIO

ON RICHMOND

647-347-
4283
John

OWNER AND RESIDENT REGISTRATION FORM

Suite No: _____

Date: _____

OWNER INFORMATION:

Last Name: _____

First Name: _____

Last Name: _____

First Name: _____

Email Address: _____

PLEASE CHECK ONE OF THE FOLLOWING:

Off-Site Owner

On-Site Owner

SECTION A – OWNER'S ADDRESS FOR SERVICE (Off-Site Owners Only)

Mailing Address: _____

Home Tel. No.: _____

Business Tel. No.: _____

Cell Tel. No.: _____

Power of Attorney: Yes No

If you answered yes above, please complete the following:

Relationship to Owner: _____

Address: _____

Home Tel. No.: _____

Business Tel. No.: _____

Cell No.: _____

SECTION B – TO BE COMPLETED BY ALL OWNERS

Mortgage Information

Company Name: _____

Address: _____

Contact Name: _____

Contact Tel. No.: _____



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SECTIONIC – OCCUPANT(S) INFORMATION

Resident No. 1:

Last Name: _____ First Name: _____

Gender: Male Female

Cell No.: _____ Bus. No.: _____

Home No. _____

Email Address: _____

Resident No. 2:

Last Name: _____ First Name: _____

Gender: Male Female

Cell No.: _____ Home No.: _____

Bus. No.: _____

Email Address: _____

Vehicle Information

(1) Make: _____ Model: _____ Colour: _____ Year: _____ License Plate No.: _____

(2) Make: _____ Model: _____ Colour: _____ Year: _____ License Plate No.: _____

Emergency Information

Name: _____ Contact 1: _____ Name: _____ Contact 2: _____

Relationship: _____ Relationship: _____

Home Tel. No.: _____ Home Tel. No.: _____

Cell No.: _____ Cell No.: _____

Parking/Locker

Parking Unit No: _____ Parking Unit No: _____

Parking Unit No: _____ Parking Unit No: _____

Locker Unit No: _____ Locker Unit No: _____

Locker Unit No: _____ Locker Unit No: _____



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WAIVER – PARCEL DELIVERY

I/We, _____ of Suite _____,
199 Richmond Street West, Toronto, Ontario, M5V 0H4, hereby authorize Aspen Ridge
Homes (Richmond) Ltd. and its duly authorized agents and employees to accept small
parcels or envelopes (excluding perishables, cash or other valuables), on my/our behalf.

I/We hereby irrevocably release Aspen Ridge Homes (Richmond) Ltd. and its duly
authorized agents and employees from any present or future liability and claims
howsoever arising from their temporary custody should the parcel or envelope be lost,
stolen, delivered late or damaged.

Date: _____

Resident 1 Signature: _____

Witness Signature: _____

Date: _____

Resident 2 Signature: _____

Witness Signature: _____

Date: _____

Resident 3 Signature: _____

Witness Signature: _____



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PET REGISTRATION FORM

Please note: Dogs and cats that are not licensed with the City of Toronto are not allowed on the premises.	
Do you own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____ (please describe)
Name of Pet:	_____
Breed:	_____
Size & Weight:	_____
Colour(s):	_____
Age:	_____
License No.:	_____

We want all residents and their pets to feel at home, but please respect your neighbors and abide by the condominium documents, *Schedule XIII, Rules, Paragraph 7*, which states that,

"No animal, livestock, or fowl, other than a pet, shall be kept on the property, and no pet that is deemed by the board or the manager, in its absolute discretion, to be a nuisance shall be kept by any owner in any unit or in any other part of the common elements. Each pet owner must ensure that his/her pet does not defecate upon the common elements, and if an accident does occur, any such defecation must be cleaned up immediately by the pet owner, so that the common elements are neat and clean at all times. Should a pet owner fail to clean up after his/her pet as aforesaid, the pet shall be deemed to be a nuisance, and the owner of said pet shall, within two (2) weeks of receipt of written notice from the Board or Manager requesting removal of such pet, permanently remove such pet from the property. [A pet shall be kept within the unit or may be kept in the exclusive use common element areas appurtenant to such unit only if such pet is kept on a leash.]"

DATE: _____

RESIDENT SIGNATURE _____



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ENTERPHONE DISPLAY FORM

ENTERPHONE DISPLAY

Dear Resident:

The building has two enterphones which allow visitors to phone residents so that the resident can grant them access to the building. One unit is located in the main entrance vestibule, and the other is in the P1 visitor parking elevator vestibule.

If you would like to have your name displayed on the enterphone system, please provide us with your **Name, Suite Number and Phone Number**. Note that neither your suite number nor phone number will be displayed on the system when visitors to the building are scrolling through the listing. Additionally, both cell phones and landlines will work, however only one name can be associated with each phone number.

Suite #: _____

Surname: _____

First Name or Initial: _____

Phone Number: _____



