



T.S.C.C. N° 1526
28 Harrison Garden Blvd.
North York, Ontario M2N 7B5
Office Tel: 416-226-2307
Security Tel: 416-733-9151
Fax: 416-226-3918
Email: spectrum2.pm@delcondo.com

RESIDENT REGISTRATION

Please complete this form (both sides) and return to the concierge desk.

Suite #: _____ Date: _____
Month Day Year

Please check one:

☐ I am the **Owner** of the suite ☐ I lease the suite from the owner (**Tenant**)
Owner to provide Deed Tenant to provide Lease Agreement

OWNER(S) INFORMATION:

Last Name: _____, Given Name: _____

Last Name: _____, Given Name: _____

Owner's Contact Information (complete only if owner lives offsite):

Email Address: _____

Home Tel _____ / Bus Tel _____ / Cell Phone _____

Street Address _____ / City _____ / Province _____ / Postal Code _____

RESIDENT(S) LIVING IN THE SUITE & THEIR CONTACT INFORMATION:

1) Last Name: _____, Given Name: _____

Email Address: _____

Home Tel _____ / Bus. Tel _____ / Cell Phone _____

Emergency Contact Name: _____, Relationship: _____

Contact : _____ / _____ / _____
Home Tel Bus. Tel Cell Phone

2) Last Name: _____, Given Name: _____

Email Address: _____

Home Tel _____ / Bus. Tel _____ / Cell Phone _____

Emergency Contact Name: _____, Relationship: _____

Contact : _____ / _____ / _____
Home Tel Bus. Tel Cell Phone

3) Last Name: _____, Given Name: _____

Email Address: _____

Home Tel _____ / Bus. Tel _____ / Cell Phone _____

Emergency Contact Name: _____, Relationship: _____

Contact : _____ / _____ / _____
Home Tel Bus. Tel Cell Phone

4) Last Name: _____, Given Name: _____

Email Address: _____

Home Tel _____ / Bus. Tel _____ / Cell Phone _____

Emergency Contact Name: _____, Relationship: _____

Contact : _____ / _____ / _____
Home Tel Bus. Tel Cell Phone



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LOCKER, PARKING & VEHICLE INFORMATION

1. Locker # _____
2. Parking Space # _____
3. Number of Vehicles _____

	1 st Vehicle	2 nd Vehicle
Make		
Model		
Colour		
Plate #		
Year		

BUILDING ACCESS INFORMATION:

1. Number of Access Cards/FOBs _____
- 1a) Access Card ID number(s) _____
2. Number of Garage Remotes (one per parking space) _____
- 2a) Garage Remote number _____

EMERGENCY INFORMATION:

In the event of an emergency, do you or anyone living in your suite require emergency assistance?

☐ Yes ☐ No

Name of Resident requiring emergency assistance: _____

Type of assistance required [does not speak English, please enter language(s) spoken, mobility issues, etc.]: _____

1. Move in date: _____ Lease start date: _____
2. Entry Code Number: _____
3. Enterphone Number: _____
4. Bicycle information & rack #: _____

IF YOU ARE A TENANT, PLEASE COMPLETE THE SECTION BELOW

TENANT'S ACKNOWLEDGEMENT

I 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 rented 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 the Tenancy Agreement and my tenancy, 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.

WITNESS WHEREOF, this _____ day of _____, Year _____,
in the City of _____.

Witness

Tenant

Witness

Tenant

Witness

Tenant

Witness

Tenant