

Date No: \_\_\_\_\_



Intercom No: \_\_\_\_\_

## OWNERS / RESIDENTS REGISTRATION FORM

Please complete the following, as applicable to you, and return to the Security Desk or Management Office

|   |                             |  |                          |  |
|---|-----------------------------|--|--------------------------|--|
| <b>1. SUITE #</b>   |                             | <b>Legal Description - (For Office Use Only)</b> |                          |  |
|   |                             | <b>Level No.</b>                                 | <b>Unit No.</b>          | <b>Closing Date of Resale</b>  |
| <b>2. NAME OF REGISTERED UNIT OWNER(S)</b>  |                             | Home Phone #:                                    |                          |  |
| NAME:   | Email:                      | CELL #   | BUSINESS #:              |  |
| NAME:   | Email:                      | CELL #:  | BUSINESS #:              |  |
| CHILD(REN) (NAME, AGE):   |                             | CHILD(REN) (NAME, AGE):                          |                          |  |
| <b>3. ADDRESS FOR OFF-SITE OWNER(S)</b>   |                             |  |                          |  |
| STREET # & NAME:  |                             | SUITE #:   | CITY:                    | PROVINCE:  |
|   |                             |  |                          | POSTAL CODE:   |
| CELL:   | HOME #:                     | BUSINESS #:                                      | E-MAIL ADDRESS:          |  |
| <b>4. RESIDENT(S) INFORMATION</b>   |                             |  |                          |  |
| <b>RENTAL UNITS MUST ATTACH A COPY OF YOUR LEASE AGREEMENT OR SUMMARY OF LEASE OR RENEWAL</b>   |                             |  |                          |  |
| TERM OF LEASE:  | COMMENCEMENT DATE OF LEASE: | HOME PHONE:                                      | NO. OF OCCUPANTS IN UNIT |  |
|   |                             |  | ADULTS:                  | CHILDREN:  |
| ADULT NAME:   | Email:                      | CELL #   | BUSINESS #:              |  |
| ADULT NAME:   | Email:                      | CELL #:  | BUSINESS #:              |  |
| ADULT NAME:   | Email:                      | CELL #:  | BUSINESS #:              |  |
| CHILD'S NAME  | Email:                      | CELL #:  | AGE:                     |  |
| CHILD'S NAME  | Email:                      | CELL #:  | AGE:                     |  |
| <b>5. NAME TO BE LISTED ON ENTER-PHONE DIRECTORY</b><br>(Last Name, First Initial)  |                             | <b>TELEPHONE#:</b>                               |                          | <b>Name Displayed on Enterphone:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6. NAME OF MANAGEMENT COMPANY CONTRACTED TO MANAGE RENTED UNIT (If applicable)</b>   |                             |  |                          |  |
| NAME:   |                             | ADDRESS:   |                          |  |
| BUSINESS TELEPHONE #:   | CELL TELEPHONE #:           | FAX #:   | E-MAIL ADDRESS:          |  |
| <b>7. COMMUNICATION</b>   |                             |  |                          |  |
| In providing your email address you agree, in accordance with The Condominium Act, Section 47(7) (c) allows the Condominium Corporation to send all communication to owners by electronic mail (email). |                             |  |                          |  |
| email: _____  |                             |  |                          |  |
| email: _____  |                             |  |                          |  |

|   |                       |                 |                   |                         |                   |                                |
|---|-----------------------|-----------------|-------------------|-------------------------|-------------------|--------------------------------|
| <b>8. ACCESS FOBS</b> (List the access card numbers issued to residents in your unit)   |                       |                 |                   |                         |                   |                                |
| CARD #:   | NAME OF CARD HOLDER:  |                 | CARD #:           | NAME OF CARD HOLDER:    |                   |                                |
| CARD #:   | NAME OF CARD HOLDER:  |                 | CARD #:           | NAME OF CARD HOLDER:    |                   |                                |
| <b>9. VEHICLE PARKING INFORMATION</b> (PARKING LEVELS: P1 / P2 / P3 <input type="checkbox"/> OWNED <input type="checkbox"/> RENTING FROM: _____ <input type="checkbox"/> RENTING TO: _____)                           |                       |                 |                   |                         |                   |                                |
| PARKING LEVEL   | PARKING SPACE #       | YEAR OF VEHICLE | LICENSE PLATE #   | MAKE / MODEL OF VEHICLE | COLOUR OF VEHICLE | GARAGE REMOTE # ISSUED BY CORP |
|   |                       |                 |                   |                         |                   |                                |
|   |                       |                 |                   |                         |                   |                                |
| <b>10. BIKE LOCKER INFORMATION</b> (BIKE ROOM)  |                       |                 |                   |                         |                   |                                |
| BIKE ROOM   | Rack # _____          | Rack # _____    | Rack # _____      |                         |                   |                                |
|   | Tag # _____           | Tag # _____     | Tag # _____       |                         |                   |                                |
| <b>11. LOCKER INFORMATION</b> (LOCKER LEVELS: P1 / P2 / P3 )  |                       |                 |                   |                         |                   |                                |
| LEVEL   | LOCKER #              |                 | LEVEL             | LOCKER #                |                   |                                |
|   |                       |                 |                   |                         |                   |                                |
| <b>12. DO YOU USE YOUR IN-SUITE ALARM SYSTEM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF 'YES' – CODE #: _____  |                       |                 |                   |                         |                   |                                |
| <b>13. DO YOU HAVE ANY PETS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES PLEASE SPECIFY:   |                       |                 |                   |                         |                   |                                |
| TYPE  | BREED                 |                 | COLOUR            | WEIGHT (for dogs only)  |                   |                                |
|   |                       |                 |                   |                         |                   |                                |
| TYPE  | BREED                 |                 | COLOUR            | WEIGHT (for dogs only)  |                   |                                |
|   |                       |                 |                   |                         |                   |                                |
| <b>14. EMERGENCY EVACUATION</b><br>*THIS INFORMATION IS VITAL FOR THE FIRE SAFETY RECORDS **  |                       |                 |                   |                         |                   |                                |
| *14(a) IN CASE OF AN EMERGENCY EVACUATION DO YOU REQUIRE ASSISTANCE TO LEAVE THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                       |                 |                   |                         |                   |                                |
| *14(b) IF YES INDICATE THE NAME OF RESIDENT(S) REQUIRING ASSISTANCE TO LEAVE THE BUILDING   |                       |                 |                   |                         |                   |                                |
| *14(c) IF YES INDICATE MEDICAL CONDITION(S): <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> HEARING DISABILITY <input type="checkbox"/> DIFFICULTY WALKING <input type="checkbox"/> IMPAIRED SIGHT |                       |                 |                   |                         |                   |                                |
| <input type="checkbox"/> OTHER: (please list)   |                       |                 |                   |                         |                   |                                |
| <b>15. EMERGENCY CONTACT(S)</b>   |                       |                 |                   |                         |                   |                                |
| UNIT OWNERS:  |                       |                 |                   |                         |                   |                                |
| NAME:   |                       | RELATIONSHIP:   | NAME:             |                         | RELATIONSHIP:     |                                |
| HOME TELEPHONE #:   | BUSINESS TELEPHONE #: | CELL #:         | HOME TELEPHONE #: | BUSINESS TELEPHONE #:   | CELL #:           |                                |
|   |                       |                 |                   |                         |                   |                                |
| RESIDENTS:  |                       |                 |                   |                         |                   |                                |
| NAME:   |                       | RELATIONSHIP:   | NAME:             |                         | RELATIONSHIP:     |                                |
| HOME TELEPHONE #:   | BUSINESS TELEPHONE #: | CELL #:         | HOME TELEPHONE #: | BUSINESS TELEPHONE #:   | CELL #:           |                                |
|   |                       |                 |                   |                         |                   |                                |

"I, (lessee), covenant and agree that I, the members of my household and my guests from time to time will, in using (i) the Unit(s) rented to me, and (ii) the common element (to the extent that I am entitled by my lease and the Declaration to the use thereof, if at all) comply with the *Condominium Act, 1998* and the provisions of the Declaration, the by-laws and all Rules of the Condominium Corporation, as well as all agreements authorized by the by-laws of the Condominium Corporation, during the term of my tenancy and will be subject to the same duties imposed by the foregoing as if I were a Unit owner, except for the payment of common expenses, unless otherwise provided by the *Condominium Act, 1998*."

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

FOR OFFICE USE ONLY:

|                       |                      |                    |
|-----------------------|----------------------|--------------------|
| <b>Date Received:</b> | <b>Date Entered:</b> | <b>Entered by:</b> |
|                       |                      |                    |