



ELEVATOR RESERVATION AGREEMENT

Reservation requested by:

First Name:	Last Name:
Suite: of 21 Hillcrest Avenue, Toronto	Ownership: Owner () or Tenant ()
Email:	Cellular:
Business:	Home:
Payment: Money Order/Certified Cheque/Cheque	Cheque Date: day of 20
Money Order/Certified Cheque No.	Payment to (Guard Name):

The reservation request is for the use of the Service Elevator for the purpose of a move out, move in, or delivery. Reservation is for (please check one):

Move Out ()	Move In ()	Delivery ()
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Elevator reservation times are between the following hours (please check one time slot only):

Monday through Friday

9:00 a.m. to 12:00 Noon () 1:00 p.m. to 4:00 p.m. () 6:00 p.m. to 9:00 p.m. ()

Saturday and Sunday

9:00 a.m. to 12 Noon () 1:00 p.m. to 4:00 p.m. ()

Elevator reservation is for the following day of the week (please check one) and single one date:

Day of the Week: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday		
Year: 20	Month:	Day:

No bookings are permitted on Statutory Holidays and only 1 booking time slot is permitted.

No reservations exceeding booking hours are allowed without written approval from Office.



For Move In Unit Owners and Delivery for Unit Owners, I understand and agree to the following conditions: (A) Upon signing this agreement, I will provide the Corporation a security deposit cheque made payable to "T.S.C.C. No. 1582" in the amount of \$500.00 and (B) the cheque will be returned to me provided no damage has been caused to the elevator or property common elements.

For **Move Out Unit Owners** and **All Tenant's Bookings**, I understand and agree to the following conditions: (A) Upon signing this agreement, I will provide the Corporation a security deposit certified cheque or money order made payable to "T.S.C.C. No. 1582" in the amount of \$500.00 and (B) the certified cheque or money order will be returned to me provided no damage has been caused to the elevator or property common elements.

Unit owners and Tenants also agree to the following conditions:

- I shall notify the security staff on duty and request an inspection of the service elevator and common elements immediately prior to using the same. Upon completion of the move or delivery, I shall forthwith request a re-inspection of the elevator and property common elements.
- I shall be liable for the full cost of all repairs for any damage which may occur as a result of the use of the service elevator and common elements by me or my agent(s). I shall accept the cost of repairs as assessed by Property Management or its staff and acknowledge that all or part of the security/damage deposit shall be withheld and applied towards the cost of repairs.
- I shall only use the service elevator and pertinent common elements for moving or delivery during the time of the reservation.
- I shall take precautions to prevent unauthorized entry into the building during the term of my reservation.
- I shall not obstruct corridors, stairwells, common walkways, vestibules or parking areas prior to, during and after the term of the reservation.
- I agree that special care will be taken with regards to the floor, ceiling and all surfaces of the service elevator and common elements.
- I agree that protective pads will be in place in the service elevator prior to, during and after the term of the reservation and will remain in place until removed by the Property Management or its staff, at their sole discretion, after the final inspection has been completed.

I hereby acknowledge that I have read this Agreement and I agree to abide by the Rules of Toronto Standard Condominium Corporation No. 1582 in force at this time.

Signature:	Name:
Date: day of 20	Time: a.m. / p.m.

DEPOSIT PAYMENT (Security Use):



Is the a Move In: Yes / No	If Yes, please forward to Office for approval
Payment: Money Order/Certified Cheque/Cheque	Cheque Date: day of 20
Money Order/Certified Cheque No.	Cheque Amount:
Payable to:	Received by (Guard Name):

MOVERS OR DELIVERY INSPECTIONS CHECK LIST:

Date In: day of 20	Date Out: day of 20
Time In: a.m. / p.m.	Time Out: a.m. / p.m.

PRE-INSPECTION:		POST-INSPECTION:	
<i>EXTERIOR:</i>	Notes:	<i>EXTERIOR:</i>	Notes:
Emergency staircase		Emergency staircase	
North side gate		North side gate	
Side walls		Side walls	
<i>INTERIOR:</i>	Notes:	<i>INTERIOR:</i>	Notes:
Over head door		Over head door	
Hallway lobby walls		Hallway lobby walls	
Hallway lobby floor		Hallway lobby floor	
Elevator entrance		Elevator entrance	
Elevator floor		Elevator floor	
Elevator pad		Elevator pad	



<i>INTERIOR:</i>	Notes:	<i>INTERIOR:</i>	Notes:
Elevator walls		Elevator walls	
Elevator panels		Elevator panels	
Elevator frames		Elevator frames	
Elevator ceiling lights		Elevator ceiling lights	
Hallway unit carpet		Hallway unit carpet	
Hallway unit walls		Hallway unit walls	
Unit door		Unit door	
Moving and Recycling Rooms		Moving and Recycling Rooms	
Pre-Inspected by:		Post-Inspected by:	

ADDITIONAL INFORMATION:

Moving/Delivery Company:	Mover/Delivery Name(s):
Telephone(s):	License Plate(s):

Note: The undersigned understands and agrees that the above-mentioned company and its on-site employees are under the direction of the unit resident.

Signature:	Name:
Date: day of 20	Time: a.m. / p.m.

DEPOSIT RETURNED:

Signature:	Name:
Date: day of 20	Time: a.m. / p.m.