



DATE _____

SUITE NUMBER:

RESIDENT REGISTRATION FORM

16/18 Harbour St. Toronto, Ontario M5J 2Z6

OWNER'S RECORD

Owner's Name: Res. Tel ()

Bus. Tel () Cell: Email:

Owner's Name: Res. Tel ()

Bus. Tel () Cell: Email:

Frontdoor Entry Registry Name (Buzzer System)

Phone Number (has to be local number, land or cell number): ()

Security Access Key FOB Number 1) 2) 3)

OFF SITE OWNERS(Owners that do not live in the suite, please provide mailing address). **VERY IMPORTANT PLEASE.**

If an agent will be managing your suite please provide a copy of Power of Attorney document or a written signed note from the owner indicating who to contact:

Address: Postal Code:

Res. Tel. () Bus. Tel. ()

Alternative Contact Name Tel. ()

If suite is or will be leased, please provide a complete copy of a signed lease listing names of tenants.

NO SHORT TERM RENTAL AGREEMENT IS ALLOWED. ALL LEASES MUST BE FOR AT LEAST 12 MONTHS PERIOD.

TENANT RECORD:

Suite Leased: Yes ___ No ___ Date Leased Lease Expiry Date Lease on File: Yes.....No.....

Tenant's Name: Res. Tel. () Bus. Tel ()

Tenant's Name: Res. Tel. () Bus. Tel ()

E-mail address:

LEASING AGENT: Bus. Tel. () Cell ()

OCCUPANT RECORD (INCLUDE NAMES OF ALL PERSONS LIVING IN UNIT)

Occupants' Names:

..... Total of persons: _____

VEHICLE RECORD, please make sure you have the correct legal parking and locker space. Double check the title deed.

Parking Spot No. Level P License No Description

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LOCKERS

Your locker number is: Level Door No. Locker No.....

A padlock is required for your locker cage. Please ensure you carry adequate insurance for your locker contents.

PET RECORD

Breed : Name : Colour : Age : Weight.....

EMERGENCY RECORD

The Ontario Fire Code requires that we maintain an up to date list of occupants who may require assistance in an emergency. Please indicate below if your name should be added to this list and what the nature of your medical condition is. (This information as well as all other information on this form is held in the strictest confidence.)

Does any occupant require assistance in an emergency?

Yes No Which Occupant (name)

Assistance Required (i.e. help walking, needs to be carried, help with oxygen apparatus, etc):
.....

In case of an emergency whom should management call?

Full Name: Res. Tel. () Bus. Tel. ()

KEYS & LOCKS

Please note: Management must have access to all suites in case of an emergency. If your lock is not accessible by the master key then you are responsible for any damage done to the suite door, frame and related materials and equipment in the event that emergency access is required to your suite.

Vacation Absence: Do you go on vacation for any extended periods of time? Yes..... No.....
If yes, please provide alternative contact information for Management to use to reach you during this vacation period.

Address:.....

City..... Province/State

Country Email address:

Note: it is imperative that you maintain proper insurance coverage for contents, liability (including charge-backs), and betterments and improvements.

Notices that are required to be given to the owner may be sent by fax, electronic email or other method of electronic communication: Yes No (Initial)

SIGNATURE: **DATE:**

TENANTS MUST READ AND SIGN THIS FORM:

As required by the Condominium Corporation and its agents on behalf of the Declarant:

"I covenant and agree that I, the members of my household and my guests from time to time, will, in using the common elements and the unit rented by me comply with the Condominium Act, the Declaration and the By-laws, and all Rules and Regulations of the Condominium Corporation during the term of my tenancy."

PRINT TENANT'S FULL NAME:

SIGNATURE OF TENANT: DATE: SUITE NO

**PLEASE COMPLETE AND RETURN THIS FORM TO
THE SUCCESS TOWER MANAGEMENT OFFICE OR
FAX TO : 416 360 0527 OR EMAIL TO: SUCCESS@DELCONDO.COM**



WAIVER

PARCEL DELIVERY

I, _____

I, _____

of Suite # _____ do hereby authorize TSCC 2030 and its duly authorized agents and employees to accept **small packages**, which must be signed for, on my behalf. In doing so I release TSCC 2030 and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver is for parcels only. The Condominium Corporation and its authorized agents are not authorized to and therefore cannot accept registered mail.

These releases are in effect until I notify TSCC 2030 C/O Management Office in writing to the contrary.

Witness

Signature(s)

Date

Date