



REGISTRATION FORM FOR OWNER / TENANT / RESIDENT

In order for us to keep our records up to date, please fill out the following and return it to the Management Office or the Concierge Desk as soon as possible.

Date: _____ Suite Number: _____ E or W _____

Parking & Locker Information

<u>Locker(s)</u>		<u>Parking(s)</u>	
Locker #1	Locker #2	Parking #1	Parking #2
NOTE: As having items stored on top of your locker violates the Fire Code; kindly ensure it is clear at all times.		NOTE: Parking spaces are not to be used as a storage area; except for bicycles and grocery buggies.	

Pet Registration Information

<u>Pet #1</u>	<u>Pet #2</u>
Name: _____	Name: _____
Type: _____ Breed: _____ Size: _____	Type: _____ Breed: _____ Size: _____
Weight: _____ Colour: _____ Age: _____	Weight: _____ Colour: _____ Age: _____
NOTE: You <u>MUST</u> carry your pet through the common areas of the Condominium at all times. This includes the elevators and lobby area.	

Name of Occupants and/or Renters

Occupant # 1

On-site Owner ☐ Tenant ☐

Off-site Owner ☐ Resident ☐

☐ Child (16 years or younger)

First Name: _____

Last Name: _____

Mobile Phone: _____

Alternative Phone: _____

Email: _____

FOB #: _____

OFF-SITE OWNER ADDRESS: _____

Vehicle Information

Spot #

License Plate #

Vehicle Colour/Type/Model

Emergency Contact Information

First/Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternative Phone: _____

Personal Information

DOB: _____

Occupant # 2

On-site Owner ☐ Tenant ☐

Off-site Owner ☐ Resident ☐

☐ Child (16 years or younger)

First Name: _____

Last Name: _____

Mobile Phone: _____

Alternative Phone: _____

Email: _____

FOB #: _____

OFF-SITE OWNER ADDRESS: _____

Vehicle Information

Spot #

License Plate #

Vehicle Colour/Type/Model

Emergency Contact Information

First/Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternative Phone: _____

Personal Information

DOB: _____

Note: Only local phone numbers are compatible with the buzzer system.

Occupant # 3

On-site Owner ☐ Tenant ☐
Off-site Owner ☐ Resident ☐
☐ Child (16 years or younger)

First Name: _____

Last Name: _____

Mobile Phone: _____

Alternative Phone: _____

Email: _____

FOB #: _____

OFF-SITE OWNER ADDRESS: _____

Vehicle Information

Spot # License Plate #

Vehicle Colour/Type/Model

Emergency Contact Information

First/Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternative Phone: _____

Personal Information

DOB: _____

Occupant # 4

On-site Owner ☐ Tenant ☐
Off-site Owner ☐ Resident ☐
☐ Child (16 years or younger)

First Name: _____

Last Name: _____

Mobile Phone: _____

Alternative Phone: _____

Email: _____

FOB #: _____

OFF-SITE OWNER ADDRESS: _____

Vehicle Information

Spot # License Plate #

Vehicle Colour/Type/Model

Emergency Contact Information

First/Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternative Phone: _____

Personal Information

DOB: _____

Note: Only local phone numbers are compatible with the buzzer system.

AUTHORIZATION TO RECEIE PARCEL & COURIER MAIL

As a service to Residents at The Edge on Triangle Park Condominium, we will accept delivery of small parcels and courier mail. You will appreciate that this is a service only and while all efforts will be made to hold such items in safe keeping, we cannot be held responsible for them.

Please indicate below if you authorize our staff to receive parcels and courier mail on your behalf. In doing so you will be releasing the Corporation's authorized agents and employees from any present or future liability should the package be lost, stolen or damaged.

I DO AUTHORIZE THE STAFF TO RECEIVE SMALL PARCELS AND COURIER MAIL ON MY BEHALF.

Suite#: _____ @ 36 Lisgar Street Toronto Ontario M6J 0C7

First Name: _____ Last Name: _____

Phone: _____

Signature: _____ Date: _____

First Name: _____ Last Name: _____

Phone: _____

Signature: _____ Date: _____

First Name: _____ Last Name: _____

Phone: _____

Signature: _____ Date: _____

First Name: _____ Last Name: _____

Phone: _____

Signature: _____ Date: _____

Please remember to notify the staff if you are away over-night or longer from the building so that these items will not be accepted on your behalf during that time.

TENANTS

ONLY COMPLETE THIS SECTION IF YOU ARE A TENANT

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 the common expenses, unless otherwise provided by the *Condominium Act* and any other amendments thereto.

Print Name Suite # 36 Lisgar Street, Toronto Ontario, M6J 0C7
Building Address

Witness whereof, this _____ day of _____ Year _____ in the city of

_____.

Witness Signature

Tenant Signature

RESIDENTS REQUIRING ADDITIONAL ASSISTANCE

The fire department requires that the Corporation have readily available a list of residents requiring additional assistance to evacuate the building in the event of an emergency. This list enables Fire Fighters to attend to special needs people without delay.

It is crucial to keep this list accurate and up-to-date. Therefore, if there are any occupants within your suite requiring additional assistance, please provide the nature of the disability below and return this information to the Managements Office.

Date: _____

Suite Number: _____ Building Address: 36 Lisgar Street, Toronto Ontario M6J 0C7

Name of Person with Disability/Health Condition: _____

Phone Number of Person with Disability/Health Condition: _____

Nature of Disability/Health Condition: _____

Special Instructions



TSCC 2448
36 Lisgar Street
ELEVATOR AGREEMENT

PLEASE PRINT CLEARLY

Name _____

Suite # _____

(SPECIFY EAST OR WEST TOWER)

Owner:

Tenant:

Contact Number(s): _____

E-Mail Address: _____

Date Requesting Service Elevator: _____

Hours of Operation are 8:00 a.m. to 8:00 p.m. in the following intervals of time:

Circle One of the Following Booking Types: (Move-In) (Move-Out) (Delivery)

Circle One of the Following Booking Times:

(8:00 am to 11:00 am) (11:00 am to 2:00 pm) (2:00 pm to 5:00 pm) (5:00pm-8:00pm)

****PROOF OF IDENTITY**** - DRIVER'S LICENSE/GOVERNMENT IDENTIFICATION

#: _____

The name on the identification must match the owner/tenant who made the reservation. This is required for move-ins only. Without this information we regret the move will not be permitted for reasons of building security & liability. Thank you for your cooperation.

(Maximum 3 hours – It is recommended movers arrive ½ hour early to park, announce their arrival to the Concierge and set up).

RULES GOVERNING MOVING/DELIVERIES:

To ensure against any difficulties and to ensure all residents are treated fairly, the following rules must be carefully adhered to every time that a move or delivery is taking place.

Initial _____



- **A refundable damage deposit in the amount of \$500.00 payable to TSCC 2448 by certified cheque or money order is required. This amount will be refunded as soon as practical, provided no damage or loss has been caused to the common elements of the Corporation. Damage to or loss of the corporation's property is the responsibility of the resident/owner.**
 - **I agree to ensure the elevator protective pads are in place prior to the move taking place;**
- Moves are not permitted on Sundays or Statutory Holidays as per *Rule 12 b)* ;
- I agree to be held liable for all damages, which may occur as a result of the use of the elevator, by my agents or myself;
- I agree that moves in or out may be made only by appointment with the Concierge staff at least 24 hours prior to the required time;
- It is understood and agreed that the moving times must be strictly adhered to;
- I agree that all moves must be made through the loading dock entrance only. No items of any type or description are allowed to be moved through the main lobby or from the parking garage;
- I agree that all empty boxes and moving cartons are to be dismantled and removed immediately from the corridor. The building staff is not responsible for discarding empty cartons/boxes. Please do not leave them in the waste chute room.
Dismantled cartons/boxes are to be disposed of in the bins located on the exterior west side of the building;
- I agree that no blockage of corridors or in front of the elevators will be permitted;
- I agree that the Corporation and/or its agent will not be held liable for any costs pertaining to a delay, if any, in my receiving the elevator as booked above;
- I agree to advise the Concierge staff after the completion of the move so that an inspection may be completed and the elevator pads removed;
- If I fail to advise the Concierge staff at the time of completion I understand I may be responsible for any damages created after I complete my move;
- The acknowledgement below must be signed at the time when elevator is booked and must be accompanied by the deposit.
This fully completed form and the certified deposit cheque or money order shall be left with Concierge staff; and
- Move-Outs: all access devices (fobs and/or garage transmitters) registered to the suite will be deactivated. The access devices registered to my unit must be forwarded to the suite owner or their representative.

Initial _____



The following is a list of paperwork that must be completed prior to the move being booked:

- 1) Owner Information Form
- 2) Persons Requiring Special Assistance Information Form (if applicable)
- 3) Summary of Lease or Renewal (applicable only the unit is leased)

In order to obtain a copy of the required paperwork please see the Concierge or kindly contact Property Management at 416-538-7328 or by e-mail at Edge.APM@DelCondo.com.

I hereby acknowledge that I have read this Agreement and I agree to abide by the Elevator Reservation Rules of the Corporation.

Date of moving/delivery _____

Name _____

Signature: _____

Suite#:(W / E)

Date Received: _____

Received By: _____

Security Deposit Received: _____

Certified Cheque/Bank Draft/Money Order #: _____

Security Deposit Returned: _____

Concierge Signature: _____

Resident Signature: _____



Area Inspected Before By (Team Member- Print Please) _____

Area Inspected After By (Team Member- Print Please) _____

Location:	Before:	After:
Loading Area/Doors:		
Ground level Lobby & Doors: _____		
Elevator Doors/Frames:		
Elevator Cab/Pads:		
Corridor Floors/Walls:		
Light Fixtures:		
Suite Door/Frame/Closer Functional:		
Storage Locker (if applicable – to be left empty if move-out):		
Debris Removed From Site:		

NOTES {IF PHOTO OF DAMAGE TO BE INCLUDED INDICATE SO HERE}:

Pre-Inspection Start: _____

Pre-Inspection End: _____

ENTERPHONE SYSTEM

In order to receive an entry code all residents must have submitted their completed paperwork (**Owner/Resident Information and/or Summary of Lease Forms**) signed by the site owner to the Property Management Office. Please note the enterphone will **ONLY** work with local numbers. You may use a landline and/or mobile. Dial 9 on your keypad to allow your visitor access.

NAME(S) TO BE INPUTTED (PLEASE PRINT):

Suite #: _____ (W / E)

Surname (#1): _____

Given Name (#1): _____

Surname (#2): _____

Given Name (#2): _____

Telephone Number (#1) (**local only**): (____) - ____ - ____

Telephone Number (#2) (**local only**): (____) - ____ - ____

TO BE COMPLETED BY CONCIERGE:

All paperwork received: _____

Entered Info System Date: _____

Completed by (Guard Name): _____

Access Code Assigned (#1): _____

Access Code Assigned (#2): _____