

OWNER/RESIDENT INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only. Please state **NOT APPLICABLE** where necessary.

BUILDING NAME/ CORPORATION NUMBER:		T.S.C.C. 1598			
BUILDING ADDRESS:		8 York Street, Toronto, Ontario M5J 2Y2			
Unit/Suite Number:		Parking Level & Number:		Locker Number:	
OWNER INFORMATION					
1. Owner's Name:		<input type="text"/> <small>First Name</small>		<input type="text"/> <small>Last Name</small>	
2. Owner's Name:		<input type="text"/> <small>First Name</small>		<input type="text"/> <small>Last Name</small>	
Address (if different from above):					
Home Phone:		Business Phone:		Cell:	
Email Address:					
ENTER-PHONE SYSTEM					
1. Enter-phone Name: (16 characters max)					
Enter-phone Number:					
2. Enter-phone Name: (16 characters max)					
Enter-phone Number:					
OCCUPANT / TENANT INFORMATION					
Occupant Names:	1.		Phone:		
	2.		Phone:		
	3.		Phone:		
VEHICLE / BICYCLE / PET INFORMATION					
1. Vehicle Make:		Plate:		Year:	
2. Vehicle Make:		Plate:		Year:	
Bicycle Make:				Colour:	
Bicycle Rack Number:					
Pets:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type/Description:		
ALARM INFORMATION					
In-Suite Alarm:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Service Provider:		
Access Card/Fob:		Suite Key:		Garage Remote Number:	
EMERGENCY INFORMATION					
Do you require assistance in an emergency			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.					
Name:		Assistance Required:			
Name:		Assistance Required:			
In case of Emergency Contact:		Name:	Relationship:		
		Home:	Cell:		
<i>If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal attached. (Requirement of the Condominium Act).</i>					

Dated this: day of ,

I,

, certify that all the information above is correct.

Print Name



PARCEL/ENVELOPE WAIVER FORM
TSCC 1598

I/We, _____, the resident(s)/ unit owner(s) of suite number _____, at the Waterclub - 8 York Street do hereby release **TSCC 1598** and its duly authorized agents and employees from any present or future liability arising from the loss, damage or theft of any parcels or envelopes for the above noted suite.

PLEASE NOTE: NO FOOD OR PERISHABLE ITEMS WILL BE ACCEPTED BY THE CONCIERGE.

Signature

Print name

Signature

Print name

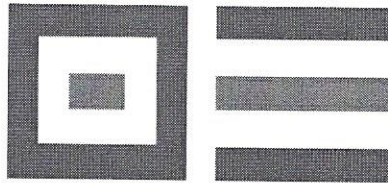
Date

TSCC 1598
8 York Street | Toronto, ON M5J 2Y2
416.363.0026 | 416.363.0027
www.ontariofirstservice.ca/TSCC_1598



FirstService Residential | Ontario
89 Skyway Avenue | Suite 200 | Toronto, ON M9W 6R4
Tel 416.293.5900 | Fax 416.293.5904
www.fsresidential.com

Resident Care 1.855.244.8854



WATERCLUB
CONDOMINIUMS

To: The Property Manager TSCC _____

Date: _____

Subject: Interphone Registration

Suite # _____

New Phone Number: _____

Signed: _____

Please print clearly the name that you want shown on the interphone System. We need your telephone number to program the system to your phone

(13 character limit for 218 Queens Quay West)

If you find your name and code for your unit hasn't been posted on the Interphone in 7 days, please notify the Management Office.

FirstService Residential

_____ Tower



**Condominium Act, 1998 - O. Reg. 49.01
SUMMARY OF LEASE OR RENEWAL
(Clause 83 (1) (b) of the Condominium Act, 1998)**

BUILDING NAME/ CORPORATION NUMBER:		T.S.C.C. 1598	
BUILDING ADDRESS:		8 York Street, Toronto, Ontario M5J 2Y2	
UNIT/SUITE NUMBER:			
LEASE / SUBLEASE / RENEWAL			
This is to notify you that an original lease, sublease or lease renewal (select one)			
Original Lease:	<input type="checkbox"/>	Sublease:	<input type="checkbox"/>
		Renewal:	<input type="checkbox"/>
Entered into for the following:			
Dwelling	Unit(s):	Level:	
Parking	Unit(s):	Level:	
Locker	Unit(s):	Level:	
TERMS			
Name of individual Lessee(s) or Sub lessee(s)	1.		
	2.		
	3.		
Telephone:		Cell:	
Email:			
COMMENCEMENT DATE (MMM / DD / YYYY):			
EXPIRY DATE (MMM / DD / YYYY):			
RENTAL PAYMENT AMOUNT (MMM / DD / YYYY):	\$	DUE DATE (MMM / DD / YYYY):	
Other Information:			

1. I (We) have provided the above-designated lessee(s)/sub lessee(s) with a copy of the declaration, by-laws and rules of the Condominium Corporation.
2. I (We) acknowledge that, as required by subsection 83 (2) of the *Condominium Act, 1998*, I (We) will advise you in writing if the above-designated lease/sublease/assignment of lease is terminated.
3. I (We) hereby certify that all information given above is correct.

Dated this: day of

Print Name of Owner

Print Name of Owner

(In the case of a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation)

Address:

Telephone: