



TORONTO STANDARD CONDOMINIUM CORPORATION NO. TSCC 2097  
38 DAN LECKIE WAY TORONTO, ON M5V 2V6  
TEL: (416) 623-9880 FAX: (416) 623-9954

## RESIDENT INFORMATION SHEET

IN ORDER FOR US TO UPDATE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. ALL INFORMATION IS COLLECTED IN ACCORDANCE WITH REQUIREMENTS AS PER THE CONDOMINIUM ACT AND IS KEPT STRICTLY CONFIDENTIAL. THANK YOU FOR YOUR COOPERATION.

(PLEASE PRINT CLEARLY)

SUITE NO: \_\_\_\_\_

### NAME OF REGISTERED UNIT OWNER(S)

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Street & Number	Suite No.	City	Province	Postal Code
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TELEPHONE NO: (H) (\_\_\_\_\_) \_\_\_\_\_ (B) (\_\_\_\_\_) \_\_\_\_\_

(C) (\_\_\_\_\_) \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

### NAME OF REGISTERED TENANT(S)

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: (H) (\_\_\_\_\_) \_\_\_\_\_ (B) (\_\_\_\_\_) \_\_\_\_\_

(C) (\_\_\_\_\_) \_\_\_\_\_

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A. PARKING #: \_\_\_\_\_ TYPE OF VEHICLE: \_\_\_\_\_ LICENCE PLATE # \_\_\_\_\_

MODEL: \_\_\_\_\_ COLOUR: \_\_\_\_\_

B. LOCKER # \_\_\_\_\_ LEVEL # \_\_\_\_\_

C. KEY FOB #1: \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

D. TYPE/SIZE OF PET \_\_\_\_\_ BREED OF PET \_\_\_\_\_

NAME OF PET \_\_\_\_\_ COLOUR OF PET \_\_\_\_\_

E. EMERGENCY CONTACT: (FAMILY / CLOSE FRIEND)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL. NO: (H) \_\_\_\_\_ (B) \_\_\_\_\_

F. SEASONAL OR OCCASIONAL RESIDENTS. (PLEASE LET US KNOW YOUR SCHEDULE OF OCCUPANCY, FORWARDING ADDRESS, PHONE NUMBER AND SPECIAL INSTRUCTIONS, IF ANY)

1. \_\_\_\_\_ 2. \_\_\_\_\_

G. DISABILITIES (A) Yes \_\_\_\_\_ (B) No \_\_\_\_\_ TYPE OF DISABILITY \_\_\_\_\_

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#### TENANT'S ACKNOWLEDGEMENT

I ACKNOWLEDGE AND AGREE THAT I, THE MEMBERS OF MY HOUSEHOLD, MY GUESTS AND AGENTS, WILL, IN USING THE UNIT RENTED BY ME AND THE COMMON ELEMENTS, COMPLY AND ABIDE WITH THE "CONDOMINIUM ACT", THE DECLARATION, BY-LAWS AND RULES OF THE CONDOMINIUM CORPORATION DURING THE ENTIRE TERM OF MY TENANCY, AND WILL BE SUBJECT TO THE SAME CONDITIONS IMPOSED BY THE ABOVE AS IF I WERE A UNIT OWNER, EXCEPT FOR THE PAYMENT OF COMMON EXPENSES.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

IF, OR WHEN, ANY OF THE ABOVE INFORMATION CHANGES, PLEASE PROVIDE A WRITTEN UPDATE TO THE CONCIERGE DESK, OR TO PROPERTY MANAGEMENT BY FAX TO **416 623 9954**.