

TSCC 1956 – Garment Factory

233 Carlaw Avenue, Toronto, Ontario, M4M 3N6

RESIDENT REGISTRATION FORM PLEASE COMPLETE BOTH SIDES AND SIGN

SUITE #:	Legal Description (For Office Use Only)				
	Level No.	Unit No.	Closing Date of Resale		
NAME OF RESIDENT(S) – List <u>all</u> individuals who live in the suite If more space is required, please complete an additional form Non-Resident Owners – please complete next page					
a) SURNAME: (Please Print Below) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other		FIRST NAME:			
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		
b) SURNAME: (Please Print Below) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other		FIRST NAME:			
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		
c) SURNAME: (Please Print Below) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other		FIRST NAME:			
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		
RENTERS					
Please attach a copy of your lease agreement or Form 5 Summary of Lease					
COMMENCEMENT DATE OF LEASE	TERM OF LEASE (Specify Number of months/years): _____ Month(s) _____ Year(s)				
PARKING INFORMATION					
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	SPACE #	LICENCE PLATE #	MAKE OF VEHICLE	VEHICLE COLOUR	GARAGE REMOTE #
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	SPACE #	LICENCE PLATE #	MAKE OF VEHICLE	VEHICLE COLOUR	GARAGE REMOTE #
LOCKER INFORMATION					
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	UNIT #		ROOM #		
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	UNIT #		ROOM #		
ACCESS FOBs					
Please list below all access card numbers issued to your unit. See security for assistance with identifying your fob #.					
CARD OR FOB #:	NAME OF CARD HOLDER:		CARD OR FOB #:	NAME OF CARD HOLDER:	
CARD OR FOB #:	NAME OF CARD HOLDER:		CARD OR FOB #:	NAME OF CARD HOLDER:	
ENTERPHONE					
NAME TO BE LISTED ON DIRECTORY: (Last Name & First Initial)			PHONE#:	ENTER-PHONE#: (4-digit Code)	

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NON-RESIDENT OWNERS

a) SURNAME or COMPANY NAME: (Please Print Below)		FIRST NAME:	
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:
b) SURNAME or COMPANY NAME: (Please Print Below)		FIRST NAME:	
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:

MAILING ADDRESS (Required by Sec. 83 of the Condominium Act, 1998)

STREET AND HOUSE NUMBER:			
CITY:	PROVINCE:	POSTAL CODE:	COUNTRY:

INSURANCE

Must be completed by Owners AND Tenants

OWNER(S) INSURANCE – LIST NAME OF COMPANY BELOW:	POLICY #:	EXPIRY DATE:
TENANT(S) INSURANCE - LIST NAME OF COMPANY BELOW:	POLICY #:	EXPIRY DATE:

EMERGENCY ASSISTANCE

The following information is vital for the Fire Safety Records and must be available and updated for the Fire Dept.

DO YOU REQUIRE HELP TO LEAVE THE BUILDING IN THE EVENT OF AN EMERGENCY? YES NO

NAME OF RESIDENT WITH DISABILITY AND /OR MEDICAL CONDITION(S):

PLEASE DESCRIBE NATURE OF MEDICAL CONDITION AND/OR TYPE OF ASSISTANCE REQUIRED:

EMERGENCY CONTACT

NAME:	RELATIONSHIP:	
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:

IN-SUITE ALARM

DO YOU HAVE AN IN-SUITE ALARM SYSTEM? YES NO

PETS

DO YOU HAVE ANY PETS? YES NO

IF YES PLEASE SPECIFY: (Type, Breed, Colour & Weight)

DATE WHEN PET ACQUIRED:

May we communicate with you electronically (by e-mail): YES NO

OWNER/TENANT SIGNATURE

DATE

OWNER/TENANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Received:	Date Entered	Entered by
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