



RESIDENT INFORMATION FORM

Please print all information

Date: _____

Suite No: _____

RESIDENT(S) - ARE YOU A RESIDENT*

OR OWNER

***A COPY OF THE LEASE MUST BE SUBMITTED ALONG WITH COMPLETED FORM**

Names	M / F	Email Address
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____

Res. Phone No: _____

Cell Phone No: _____

Res. Phone No. _____

Cell Phone No. _____

Other/additional No(s), please specify: _____

If Owners will not be living in this unit.

Offsite mailing Address : _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone No(s): _____

Does anyone in the unit require assistance during an emergency situation? (If yes, please give name and reason below)

Name: _____ Reason: _____

If you are renting your unit please provide us with the owner/agents contact information

1. _____ Contact _____

2. _____ Contact _____

Bicycle Locker No # Room # Locker #

Bicycle Locker No # Room # Locker #

Rented From: _____
(If Applicable)

Rented To: _____
(If Applicable)

Vehicle Parking: Level # Spot #

Vehicle Parking: Level # Spot #

Rented From: _____
(If Applicable)

Rented To: _____
(If Applicable)

VEHICLE

	Make	Colour	License	Space #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Is your parking space(s) rented? Yes No (If Yes, to whom)

Name _____ Suite # _____

PETS

The building has identification tags for your pet, please contact the management office to register your pet and receive an identification tag.

Type: _____ Name: _____ Description: _____

Tag #: _____ Licence No: _____

INTERCOM DISPLAY

Kindly provide us with your unit phone number, and name in order for it to display on the intercom display, which will be available to visitors. Your name will appear Last name and then First Initial.

NAME: _____

(LAST NAME THEN FIRST INITIAL)

PHONE NUMBER: _____

ENTRY CODE ASSIGNED: _____

(ASSIGNED BY DOORKING)

****PLEASE KEEP US INFORMED, SO THAT WE CAN KEEP YOU INFORMED****

Date: _____

Suite No: _____

Parcel Waiver

I/WE HERBY RELEASE 18 YONGE CONDOMINIUMS AND ITS DULY AUTHORIZED AGENTS AND EMPLOYEES FROM ANY PRESENT OR FUTURE LIABILITY, SHOULD THE PARCEL OR ENVELOPE BE LOST, STOLEN, DELIVERED LATE OR DAMAGED

Resident's Name (PLEASE PRINT)

Resident's Signature

By signing this waiver you are authorizing 18 Yonge Condominiums and its duly authorized agents and employees to accept small parcels or envelopes (excluding registered mail) on your behalf, items will be held at the front desk for a period of **4 weeks** after which time they will be returned to the sender.

Occupancy Undertaking

I acknowledge and agree that I, and my servants, agents, tenants, family, invitees and licensees, from time to time, will, in using the unit rented by me and the common elements, including Exclusive Use Common Elements (where applicable), comply with the Condominium Act, the Declaration, the by-laws, all rules and regulations, agreement(s) authorized by the by-laws including the Reciprocal Agreements, during the term of my tenancy, and will be subject to the same duties imposed by the above as if I were a unit owner, except for the payment of common expenses unless otherwise provided by the Condominium Act.

I acknowledge that I have read and am aware of all the provisions and covenants in the aforesaid documents and agreements.

Resident's Name (PLEASE PRINT)

Resident's Signature

