

# TENANT COVENANT

TO: TSCC No. 1928

FROM: \_\_\_\_\_

ADDRESS: 51 Lower Simcoe Street, Toronto, Ontario M5J 3A2

UNIT # \_\_\_\_\_

DATE: \_\_\_\_\_

I acknowledge and agree and I, the members of my household, and my guests from time to time, will, in using the unit rented by me and the common elements, comply with the *Condominium Act*, the Declaration, the by-laws and all the rules and regulations of the condominium corporation, during the entire 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*.

\_\_\_\_\_  
*Resident*

\_\_\_\_\_  
*Witness*

# CENSUS FORM

**Suite # :** \_\_\_\_\_ **TSCC No. 1928**, 51 Lower Simcoe Street, Toronto, ON M5J 3A2

**Residents:** Please list the name of *all* residents who are occupying the suite along with any work and cellular phone numbers. A telephone number *must* be provided to complete registration. **INFORMATION IS STRICTLY CONFIDENTIAL**

<u>Last Name</u>	<u>First Name</u>	<u>Phone Numbers</u>	
1. _____	_____	Hm: _____	Bus: _____
2. _____	_____	Hm: _____	Bus: _____
3. _____	_____	Hm: _____	Bus: _____

**List of Pet (one household pet only):** \_\_\_\_\_

E-mail address for service: \_\_\_\_\_

I consent that building notices may be sent to me via e-mail    YES     NO

Resident Owner                       Non-Resident Owner                       Renting from Owner

***If you are a Non-Resident Owner, please complete the following:***

Address for service: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Bus: \_\_\_\_\_ Other \_\_\_\_\_

***If you are a Renting from the Owner, please complete the following and provide a copy of Lease of Agreement:***

Landlords Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Bus: \_\_\_\_\_ Other \_\_\_\_\_

<b><u>Parking:</u></b>	<u>License Plate</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Colour</u>
1.) _____	_____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____	_____

**Bicycle/Storage Unit:**                      Locker #: \_\_\_\_\_                      Location: \_\_\_\_\_

**Medical Conditions/Disabilities:**

Please list any medical conditions or disabilities that may require special attention in the event of a fire, ie. heart condition, high blood pressure, difficulty walking down stairs, etc.

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

Please provide the name and phone number of a close friend or relative who can be contacted in case of emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Access Control**

**Security Identification#**

**Entry Code**

Garage Fob# \_\_\_\_\_ Fob# \_\_\_\_\_ Fob# \_\_\_\_\_ Fob# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Owner / Resident Signature

\_\_\_\_\_  
Date

# WAIVER AGREEMENT

Between  
**GARDWELL SECURITY AGENCY INC.  
& THE CONCIERGE / SECURITY GUARDS**

And

**RESIDENTS OF "INFINITY # 2",  
51 Lower Simcoe Street, Toronto M5J 3A2**

## PARCEL & MAIL DELIVERY

(PRINT ONLY)

I, \_\_\_\_\_ of Suite # \_\_\_\_\_,  
Toronto, Ontario, hereby authorize security (Gardwell) agents and their employees to accept  
small parcels (**not exceeding 72" inches girth**) or envelopes (**excluding registered mail and  
time sensitive material**) on my behalf.

I hereby release Gardwell Security Agency Inc. and its duly authorized agents and employees  
from any present or future liability should the parcel be lost, damaged, stolen or delivered late.

As this is a courtesy provided by Gardwell Security Agency Inc. and its authorized agents and  
employees, reserve the right to cancel this waiver at any time without notification to resident.

Witness \_\_\_\_\_, 1<sup>st</sup> Resident's Signature \_\_\_\_\_

Dated \_\_\_\_\_

Witness \_\_\_\_\_, 2<sup>nd</sup> Resident's Signature \_\_\_\_\_

Dated \_\_\_\_\_

Witness \_\_\_\_\_, 3<sup>rd</sup> Resident's Signature \_\_\_\_\_

Dated \_\_\_\_\_

Dated @ \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

# **Infinity 2 Condominiums**

51 Lower Simcoe Street, Toronto, ON Tel: 647-344-7829 Fax: 647-344-7937

## **NOTICE TO RESIDENTS**

### **ENTER PHONE / DIRECTORY**

Dear Residents:

When the enter phone is operating and you would like your name on the directory, please complete the bottom portion and return to Property Management. Please note that only one name and phone number can be entered in the system. By pressing number **9** on your telephone key pad will unlock the lobby door to allow your guest entry into the building.

*Property Management*

Last Name \_\_\_\_\_  
*Please print name clearly*

First Name or Initial \_\_\_\_\_

Telephone Number \_\_\_\_\_

Suite No. \_\_\_\_\_

# PET REGISTRATION

SUITE NUMBER	FIRST NAME	LAST NAME
HOME PHONE	BUSINESS PHONE	E-MAIL ADDRESS

DOG <input type="checkbox"/> CAT <input type="checkbox"/>	PETS NAME	WEIGHT
CITY OF TORONTO TAG NUMBER;	DATE OF LAST VACCINATION;	

**ATTACH PHOTO HERE**

I confirm that the information set out in this regulation form is complete and accurate.

I agree that I shall be responsible for any and all losses, claims, actions, damages, liabilities, expenses and injuries caused by my pet to the person or to the property of any resident, guest, invitee or employee of T.S.C.C. 1928 whatsoever resulting from any breach of these rules and regulations and/or caused by or resulting from any act of my pet or any act or omission on my part.

\_\_\_\_\_  
PET OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**ONE DOMESTIC CAT OR ONE DOG IS ALLOWED PER UNIT**

ELEVATOR RESERVATION FORM

September 2008

X I/we ..... wish to reserve the service

elevator for \_\_\_\_\_ date \_\_\_\_\_ start \_\_\_\_\_ finish \_\_\_\_\_

- ..... Move-In
- ..... Move-out
- ..... Delivery
- ..... Other, (please specify).....

**PAYMENT RECEIVED FROM:**

X Name: ..... Suite No.: .....

Home No.: .....

Business No.: ..... Cell: .....

**DAMAGES - PRE-INSPECTION:**

.....

.....

Security/Superintendent Initial: .....

**DAMAGES - POST INSPECTION:**

.....

.....

Security/Superintendent Initial: .....

**DEPOSIT RECEIVED:**

**SIGNATURE/DATE DEPOSIT RETURNED:**

Date: ..... Signature: .....