



Schedule "A" - RESIDENT'S DATA CERTIFICATE

The Resident information requested below assists Property Management:

- to know the name of each Resident and the name of the responsible parties;
- to record assigned Locker & Parking units;
- to record license plate numbers of Residents' vehicles authorized to park;
- to record assigned Electronic Photo-ID Card & Transponder
- to record Emergency Contact names and phone numbers.

If any of this information changes, please advise Management as soon as possible.

Suite:

Move-In Date:

Telephone (Home):

()

Move-Out Date:

RESIDENT'S NAME(S):

Owner(s) ☐ Tenant(s) ☐

Photo-ID #

Bus. Telephone

1)	
2)	
3)	
4)	

	()
	()
	()
	()
	()
	()

Suite Key: I/we have left a key to our Suite with Management:

Yes ☐

No ☐

DEPOSIT: \$40 PER CARD (\$20 REFUND FOR RETURNED CARD)

PAID BY CHEQUE ☐

NOTE: NEW OWNERS WILL HAVE A \$20 CHARGE PER FIRST TIME CARD-ANY CARD REQUIRED AFTER THAT WILL BE AT STANDARD RATES. NO REFUND ON FIRST TIME CARDS.

CASH ☐

HANDICAPPED RESIDENT(S)?

Requires aid in an emergency?

Yes ☐ No ☐

Name:

PETS?

Do you own a pet?

Yes ☐
No ☐

If YES, please specify:

LOCKER/PARKING UNIT(s) Data (include leased/rented unit(s))

VEHICLE DATA

	Locker #	Parking Unit #
1)		
2)		
3)		
4)		

License Plate #	Transponder #

DEPOSIT: \$100 PER TRANSPONDER (\$20 REFUND FOR RETURNED TRANSPONDER)

PAID BY CHEQUE ☐

CASH ☐

NON-RESIDENT OWNER INFORMATION

Name:

Street/City:

Province/Code:

Home Telephone:

Bus. Telephone#:

SCHEDULE "A" - Resident's Data Certificate (continued)

EMERGENCY CONTACTS (Local):

In case of emergency, please contact:

CONTACT NAME: _____

(A local contact is preferable, i.e. in the Greater Toronto Area)

STREET: _____

CITY: _____

POSTAL CODE: _____

PHONE (RES.): _____

PHONE (BUS.): _____

RESIDENT'S ACKNOWLEDGEMENT

- I/we confirm that the above information is accurate and that I/we will inform the *ISLINGTON 2000/2010* Management Office of any changes.
- I/we am/are fully aware that my/our suite shall be occupied and used only as a private single family residence and for no other purposes, as stipulated in the registered Declaration of this Corporation.
- As required by The Condominium Act of Ontario, all Residents and Visitors must comply with the Act, and the Declaration, Bylaws and Rules of the Corporation. Therefore,
- I/we acknowledge and affirm that I/we, the members of my/our household and my/our Visitors from time to time will, in using the units identified above and any of the common elements, **comply with the Condominium Act of Ontario, the Declaration, Bylaws and all Rules** of Metropolitan Toronto Condominium Corporation No. 570 and York Condominium Corporation No. 531 (except for the payment of common expense assessments in the case of a tenant).
- **I/we will not accept an Offer to Purchase (or Lease) unless the above clause is included, should I/we choose to sell (or rent out) the above listed suite.** INITIALS
- I/we have paid a deposit and received the SPECIALLY COLOUR CODED ELECTRONIC ACCESS CARDS ☐
- I/we have paid a deposit and received the TRANSPONDER (Vehicle Electronic Access Card(s)) ☐
- I/we have received and will follow the official RULES of MTCC-570 and YCC-531. ☐

DATED AT Toronto **ON THIS** _____ **DAY OF** _____ **YEAR** _____

Signature of Witness

Signature of Owner or Tenant

Signature of Witness

Signature of Owner or Tenant

RECEIPT # GIVEN: _____



SCHEDULE "A" - SPONSORED VISITOR - ACCESS CARD APPLICATION

1. The sponsoring PERMANENT RESIDENT must complete and sign this Application.
2. Upon receipt of the signed Application and appropriate payment, Management will schedule a photo session for the SPONSORED VISITOR named below.
3. The appropriate photo-identification electronic access card will be issued after the photo session.

☐ **SPONSORED VISITOR**

A specially-coded photo-identification electronic access card to admit certain regular visitors or service providers whether or not the sponsoring *Permanent Resident* is at home.

- The SPONSORED VISITOR card provides access to the sponsoring *Permanent Resident's* building **ONLY**.
- **DEPOSIT: \$40 (\$20 Refund for Returned Card)** **Paid by Cheque** ☐ **Cash** ☐

☐ **VEHICLE TRANSPONDER** **[MUST HOLD VALID PHOTO-ID ACCESS CARD]**

- A specially coded electronic access device to open the overhead garage entrance door for the vehicle belonging to the holder of a SPONSORED VISITOR Photo-ID Access Card, as arranged by the *Permanent Resident*.
- The *Permanent Resident* must have a surplus parking unit available for the SPONSORED VISITOR.
- A Transponder may be issued to a SPONSORED VISITOR provided s/he holds an Access Card.
- **Deposit: \$100 (\$20 Refund for Returned Transponder)** **Paid by Cheque** ☐ **Cash** ☐

SPONSORED VISITOR - INFORMATION

Name: _____

Address: _____

City: _____ Prov. /State: _____ Postal Code: _____

SPONSORED VISITOR (FAMILY, FRIENDS) ☐ (GREEN) Arrival Date: _____

CONTRACTOR (Health Care, Trade) ☐ (BLUE) Departure Date: _____

Access Card# _____

Transponder# _____ [Must hold valid Photo-ID Access Card to enter building from garage.]

License Plate# _____ Using PERMANENT RESIDENT'S Parking Unit # _____

Note: A Sponsored Visitor Access Card may be transferred and converted to another Sponsored Visitor upon request and approval from the Permanent Resident. There will be a \$10 processing fee which is not refundable.

PERMANENT RESIDENT Name: _____ ☐ Owner ☐ Tenant

Suite # _____ Phone: () _____ Bus. Phone: _____ Fax: _____

Signature: _____

Date: _____ Application processed by: _____

RECEIPT # GIVEN: _____