

Suite, Owner & Resident Information



Your updated and current information is important to us so we may communicate and coordinate all of your community services for you. Please fill in the following information and return to your Property Management Office.

Suite Information

Suite: _____ Community: **Aqualina at Bayside** Date: _____
Parking(s): _____ Locker(s)/Bicycle Locker(s): _____
Fob #: _____ Transponder #: _____
Fob #: _____ Transponder #: _____
Residency Status: Owner Occupied ☐ Tenant Occupied ☐ Other ☐

Owner Information (Name(s) of all registered suite owners)

Name: _____ Residing in suite: Yes ☐ No ☐
(primary owner)
Home Phone #: _____ Cell Phone #: _____
Email Address: _____

Name: _____ Residing in suite: Yes ☐ No ☐
Home Phone #: _____ Cell Phone #: _____
Email Address: _____

Name: _____ Residing in suite: Yes ☐ No ☐
Home Phone #: _____ Cell Phone #: _____
Email Address: _____

Primary Address for Service (if different from community)

Suite #	Street # & Name	City	Prov/State	Country
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Power of Attorney / Designate Information (if applicable)

Name: _____
Phone #: _____ Email: _____
Copy of Power of Attorney / Designate Agreement / Letter: Yes ☐ No ☐
Notes / Comments: _____

If Leasing / Renting Your Suite

Managed By: Owner Yes ☐ No ☐ Other: _____
(Provide Name of Rental Company & Leasing Agent)

Phone #: _____ Email: _____

Copy of Lease Provided: _____

Resident Information

Name: _____

Indicate if: Owner ☐ Family Member ☐ Tenant ☐ Child ☐ Other: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

If tenant, lease start date: _____ lease end date: _____

Name: _____

Indicate if: Owner ☐ Family Member ☐ Tenant ☐ Child ☐ Other: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

If tenant, lease start date: _____ lease end date: _____

Name: _____

Indicate if: Owner ☐ Family Member ☐ Tenant ☐ Child ☐ Other: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

If tenant, lease start date: _____ lease end date: _____

Vehicle Registration

Make / Model: _____ Colour: _____ Licence Number: _____

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Resident(s) Requiring Special Assistance

Do you or someone residing in your suite require assistance in the case of an emergency?

Yes ☐ No ☐

If yes, please complete the extended Special Assistance form located within bazinga! or available through your Property Management office.

Pet Registration

Do you or someone residing in your suite own a pet? Yes ☐ No ☐

If yes, please complete the extended Pet Registration form located within bazinga! or available through your Property Management office.

Suite Entry Permission (Corporation Access):

I/We, _____ of suite number _____ do hereby authorize **Aqualina Bayside Toronto Inc.** and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the duties and responsibilities of the Condominium Corporation and its Property Managers and hereby release **Aqualina Bayside Toronto Inc.** and its duly authorized agents and employees from any present or future liability for such entry or entries. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, loss of keys and other causes as may be required.

Parcel Delivery:

I/We, _____ of suite number _____ do hereby authorize **Aqualina Bayside Toronto Inc.** and its duly authorized agents and employees to accept small packages, which must be signed for, on my behalf. In so doing I release **Aqualina Bayside Toronto Inc.** and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver is for parcels only. The Condominium Corporation and its authorized agents are not authorized to accept registered mail.

The above Authorization(s) will remain in effect until I notify **Aqualina Bayside Toronto Inc.** in writing to the contrary.

Your Personal Information

Del Property Management Inc. ("Del") respects your right to privacy. As such, we will not knowingly disclose personal information to any third parties without your consent. By signing below, the undersigned (on their behalf and on behalf of all family members occupying the Suite) consent to the collection, use and disclosure by Del of any personal information of the owners submitted by them or collected by Del in its dealings with the owners and the Suite, for the purposes of Suite management, and for utility monitoring/reading and as required for the developer's customer care and warranty programs, and the disclosure of personal information may also be made to any companies that are members of the Tridel Group of Companies, including, rental management companies, suite accommodation companies, companies providing residential brokerage services, and companies developing condominium projects that may be of interest to the owners or members of their family, for the limited purposes of marketing/selling various products and/or services. Only such personal information as is necessary for such purposes may be disclosed by Del.

Date: _____ Signature: _____

Date: _____ Witness: _____

While every effort is taken to ensure accuracy of all data neither the Condominium Corporation, Del Property Management Inc., nor any of their respective directors, officers or agents will be held liable for inaccurate, incomplete or outdated information. Del Property Management Inc. is committed to your privacy, to view our privacy policy please visit <http://www.delpropertymanagement.com/privacy.php>. Del and design are registered trademarks of Tridel Corporation. Used under licence. June 2017.