



AT BAYSIDE TORONTO

OCCUPANT INFORMATION FORM

I / WE AM / ARE AN: ☐ Owner ☐ Tenant

Building Address: 1 Edgewater Drive, Toronto ON, M5A 0L1

Suite No: _____

Owner Mailing Address (if different from above): _____

Tel Numbers: Res: (____) _____ Bus: (____) _____ Cell: (____) _____

E-mail Address: _____

Resident Name: (1) _____
First Name Last Name

Resident Name: (2) _____
First Name Last Name

Other Occupant's Names: (1) _____ (2) _____

E-mail: _____ E-mail: _____

Phone Numbers Res: (____) _____ Bus: (____) _____ Cell: (____) _____

Resident 1) License Plate: _____ Vehicle Make: _____

Model _____ Colour: _____ Year: _____

Resident 2) License Plate: _____ Vehicle Make: _____

Model _____ Colour: _____ Year: _____

In-Suite Alarm: ☐ Yes or ☐ No Service Contract With: _____

Bicycle Information (Make/Colour): _____

Do you have pets? ☐ Yes or ☐ No

AQUAVISTA™

AT BAYSIDE TORONTO

If yes, No. Of Pets, Breed and Description: _____

Would you require assistance in an emergency? ☐ Yes or ☐ No

If you selecting “Yes”, please complete and submit the attached “Special Assistance Form”.

CONSENT FOR ELECTRONIC NOTICES.

From time to time property management sends updates and notices by email to all residents. The condominium act 1998, section 47 also allows sending notices to the unit owners by electronic means.

I/we hereby authorize the condominium corporation and its agents to send me notices by electronic means (including but not limited to emails) _____ (initials).

If Unit (suite, parking stall and/or locker) has been leased/rented, complete the Summary of Lease or Renewal Form '5' attached. (Requirement of the Condominium Act).

Resident Signature: _____ Date: _____

Property Management Signature: _____ Date: _____

RETURN COMPLETED FORM VIA EMAIL TO Aquavista.admin@foreshillres.com