Suite & Owner

Suite Information

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:Community: _I	Hullmark 2 Anndale Date:
Parking(s):	Locker(s)/Bicycle Locker(s):
Fob #:	Fob #:
Residency Status: Owner Occupied [Rental Suite Other (i.e. family member)
<u>If Rented</u> Managed By:	Tel:
(Rental Company / Agent)	Lease End Date:
Tenant Name(s):	
Owner Information	
Name(s) of registered unit owners	
Name:(primary owner)	Residing in suite: Yes No
(if different from community)	Secondary telephone number:
Additional Owners	
Name:	Residing in suite: Yes No
Name:	Residing in suite: Yes No
Name:	Residing in suite: Yes No
Additional Contact:(i.e. Power of Attorney)	Telephone Number:
•	Relationship:
Notes:	
information to any third parties without your conseall family members occupying the Suite) consent to the owners submitted by them or collected by Demanagement, and for utility monitoring/reading around the disclosure of personal information may al Companies, including, rental management comparts brokerage services, and companies developing co	your right to privacy. As such, we will not knowingly disclose personal ent. By signing below, the undersigned (on their behalf and on behalf of the collection, use and disclosure by Del of any personal information of the inits dealings with the owners and the Suite, for the purposes of Suite and as required for the developer's customer care and warranty programs, lso be made to any companies that are members of the Tridel Group of anies, suite accommodation companies, companies providing residential andominium projects that may be of interest to the owners or members of selling various products and/or services. Only such personal information d by Del.
Date:	Signature:

Resident Information



of your community services for you	'				,001amate	all
Name:	Occupant		Child		Tenant	
	If tenant, lea	se start date	e:			
Primary Number:	Secondary N	lumber:				
Name:	Occupant Occupant		Child		Tenant	
	If tenant, lea	se start date	e:			
Primary Number:	Secondary N	lumber:				
Name:	Occupant		Child		Tenant	
	If tenant, lea	se start date	e:			
Primary Number:	Secondary N	lumber:				
Name:	Occupant Occupant		Child		Tenant	
	If tenant, lea	se start dat	e:			
Primary Number:	Secondary N	lumber:				
Vehicle Registration						
Make / Model:	Colour:		Licence	Number:		
Make / Model:	Colour:		Licence	Number:		
Make / Model:						
Your Personal Information Del Property Management Inc. ("Del") reinformation to any third parties without yeall family members occupying the Suite) of the owners submitted by them or collect management, and for utility monitoring/reand the disclosure of personal information Companies, including, rental management brokerage services, and companies development their family, for the limited purposes of mas is necessary for such purposes may be	respects your right to our consent. By signing consent to the collection and by Del in its dealing eading and as required on may also be made that companies, suite accoping condominium plarketing/selling various	g below, the upon, use and disections with the own distribution of the development on the development of the	undersigned (of sclosure by De viners and the oper's customies that are not companies, cay be of interestants.	on their behand of any pers Suite, for the ser care and we nembers of the companies press to the own	alf and on be onal informate purposes o warranty prog the Tridel Gra roviding resid ners or memb	half of tion of f Suite grams, oup of dential pers of
Date:	Signat	ure:				

Additional

Resident Care Required



Suite:	_ Community:	Hullmark 2 Ar	ndale		Date:_			
Primary Phone #:		Seconda	ary Phone #:					
The Fire Department rec list of Residents that requ								
It is critical to keep this in your home that require e on the form below. It is y and when changes occur	evacuation assis	stance, please pr	ovide their n	ames	and any	/ spec	ial instru	ctions
Resident(s) Req	uiring Eva	acuation A	ssistance	е				
Name:			_ Child		Adult		Senior	
Nature of Condition/Disa	ability:							
Special Instructions:								
Special instructions.								
Emergency Contact: (must be a non resident)								
(mast be a nonresident)								
Name:			_ Child		Adult		Senior	
Nature of Condition/Disa	ability:							
Special Instructions:								
Emergency Contact:(must be a non resident)								
(must be a nonresident)								
Service Pet?	Yes	No 🗌						
Other Pets?	Yes	No \square	Cat	Plass	Dog		Other	
Additional Comments:				riease	e list typ	e: <u> </u>		

Pet Registration Form



Suite:	Community: Hullmark 2 Annda	ale Date:
Resident Name:		
Pet Details		
Is this a service pet?	Yes No	
Name of Pet:		Date of Birth:
Туре:	Breed:	Sex: M F
Size and Weight:	Colour(s):	License Number:
Vet's Name:		Vet's Phone Number:
Pet Details		
Is this a service pet?	Yes No	
Name of Pet:		Date of Birth:
Туре:	Breed:	Sex: M F
Size and Weight:	Colour(s):	License Number:
	/ Comments:	

Vacation Information Form



Suite:	Community	y: Hullmark 2 Anndale	Date	ÿ:
Resident Name:				
Date Leaving:		Date Returning:		
Phone number where w	e may contact	you in case of emergency:		
Email address where we	may contact y	you in case of emergency:		
Would you like commur	nity mail redire	cted while you are away?	У	N
Mailing address to send	l community co	orrespondence to:		
The information below	will be forward	ed to the Gatehouse/Concierç	ge to permi	t entry.
Name of person monito	ring your suite	e:		
Phone Number:		Email Address:		
Make & Colour of Car: _		Licence Number:		
	tion to the Pro	you have rented out your parl perty Management Office and		
Should access to your u authorize entry.	nit be required	d during your absence for rout	ine mainter	nance, please
Permission Granted		Permission De	enied	
Resident Signature				

Please cancel any newspapers and regular deliveries.

Service Request



Suite:	_ Community: <u>Hullr</u>	mark 2 Anndale	Date:		
Request Submitted By: . (please print)					
Primary Contact #:		Secondary Contact #:			
(if different than on file)		-			
Details of Request:					
Comments:					
	ervice fees associate	nties, I further understand with such repair in accept the Declaration.			
Signature		_ Check One: Owner		Resident	
Inspection Only		Inspection and Repair			
OFFICE USE ONLY Please check action part	y/parties - Manager	Administrator		Superinter	ndent _
Action Taken:					
Date Completed:		By:			
Date Resident Notified of Copy to be placed in re		By:			
copy to so placed in te					

Suite Entry & Parcel Delivery Authorization



Suite Entry:

I, of suite numbe	erdo hereby
authorize Hullmark Centre Inc.	_
to enter my suite from time to time, when necessary	
the Condominium Corporation and it's Property Ma	anagers and hereby release
Hullmark Centre Inc. and	its duly authorized agents and employees from
any present or future liability for such entry or entries.	Corporation business includes semi-annual far
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, of suite numbe	er do hereby
authorize Hullmark Centre Inc.	
employees to accept small packages, which must be sig	
Hullmark Centre Inc.	and its duly authorized agents and employees
from any present or future liability should the packages	s be lost, stolen or damaged. This waiver is for
parcels only. The Condominium Corporation and it au	uthorized agents are not authorized to accept
registered mail.	
This Authorization will remain in effect until I notify	in writing to
the contrary.	
Resident's Name	Witness' Name
Signature S	Signature
-	-
	 Date

Suite Entry Permission



I / We		, owner(s), resident	:(s), tenant(s) of suite /	
unit number	(the "Unit") of (address) 2 Anndale Drive, Toronto, confirm that we			
require the Condominium	Corporation to pro	ovide access to the unit.		
I / We acknowledge that t	he Suite Entry Polic	y for Resident Owners, Tenants & G	Buests (on reverse) has	
been received and read a	nd hereby authorize	e the concierge to provide access to	o:	
		(insert name(s) of individual	(s) who are authorized	
to enter the Unit) upon th	ne presentation of a	a valid and current piece of photo	identification (such as	
a Provincial or Internation	nal Driver's License,	Passport or such other photo ide	entification as may be	
requested by the concier	ge confirming the	identity of the individual) and upo	on obtaining his / her	
signature. A copy of the i	dentification and si	gnature of the individual shall be k	cept by Condominium	
Corporation for emergence	cy and security purp	ooses.		
Please be advised howev	er that the province	e of Ontario does not permit healt	h cards to be used as	
photo identification and, t	herefore, our concie	erge staff have been instructed not	to accept health cards	
for purposes of identificat	ion for any purpose	whatsoever.		
It is the responsibility of th	ne resident unit(s) ov	wner or tenant to ensure that the na	ame(s) of the person(s)	
•		ches precisely the name(s) on the p	·	
•		uilding. The unit owner / resident ur		
that if the name(s) do(es) r	-		· ·	
Dated this	of	, 20, at	a.m. / p.m.	
			•	
Witness		 Resident		
Print Name		Print Name		
Witness		Resident		
Print Name		Print Name		
<u>Entry</u>				
Print Name:		Signature:		
Identification Type and Nu	umber:			
Dated this	of	, 20 <u></u> , at	a.m. / p.m.	

Suite Entry Policy for Resident Owners, Tenants & Guests



Your safety and security is our number one concern. As a result, the Declarant (or the Condominium Corporation as the case may be) and Del Property Management Inc. have been working together to develop and implement a policy to coordinate suite access by the concierge/security personnel in the following two situations:

1. Resident Owner or Tenant requires access

Occasionally resident owners or tenants may require access because they have lost their keys or do not have keys with them. The Corporation will allow the concierge/security to grant access to the resident owner or tenant requesting access provided that a Suite Entry Permission Form is completed with the name of the resident owner or tenant named on the Suite Entry Permission Form along with proof of photo identification. This Suite Entry Permission Form must be on file at least 24 hours prior to the request for access.

Since this would require the concierge to leave his/her desk to accompany the resident owner or tenant to their unit, the Corporation must ensure that this policy is not abused. Therefore, the Corporation has determined that resident owners or tenants would be allowed to utilize this policy up to 4 times per year. After that, and other than in an emergency situation, the concierge/security will not be permitted to allow access and the resident owner or tenant must contact the property management company to make alternate arrangements for access.

2. Access to guests when Resident Owner or Tenant is not home

In certain situations, guests have requested access to units when the resident owner or tenant is not home. We are pleased to advise that resident owners and tenants will now have the option of pre-designating individuals who are authorized to enter their suite when they are not home.

In your absence, the Corporation will allow entry into your suite to those individuals who are listed on the attached Suite Entry Permission Form, once same has been properly completed and submitted to the concierge staff. The concierge will deny entry to those individuals who are not listed on the form. There will be no exceptions.

Because of the delicate nature of allowing someone into your suite in your absence, the Corporation must insist that these forms be accurately completed, and that when your guests arrive at the building, they will be asked to produce photo identification. The name on the photo identification must match precisely with the name on the Suite Entry Permission Form. If there is any discrepancy, the concierge will have the discretion to refuse entry to your guest(s). In addition, all forms must be filed at least 24 hours prior to when the intended guest requires access. It will be the responsibility of the resident owner or tenant to ensure that all forms filed with the concierge are current and remain in effect.

In addition, since access will require the concierge to leave his/her desk to accompany the guest to your unit, the Corporation must ensure that this policy is not abused. Therefore, the Corporation has determined that resident owners or tenants will be allowed to utilize this policy up to 4 times per year. After that, and other than an emergency situation, the concierge/security will not be permitted to allow the guest access and the resident owner or tenant must contact the property management company to make alternate arrangements for access.

If you anticipate that you will have a guest that will be requiring access on a regular basis in your absence (such as cleaning staff), then it is recommended that you purchase an additional FOB and key expressly for them. (There is a Fob Policy of 2 per bedroom suite to prevent over crowding and abuse of fob access to the community.) With some communities there is a maximum restriction of how many fobs can be activated for the system.

In the event that a former resident owner or tenant is no longer permitted access to the unit, it will be the responsibility of the current resident owner or tenant to accordingly advise the Corporation of such change to ensure that the former resident owner or tenant is denied access. Without such notice, the concierge will not be responsible for ascertaining or determining whether any such change in personal status has occurred, and accordingly access may be granted.

Should you have any questions regarding the foregoing matters, please do not hesitate to contact the property manager.