

Form 5

Condominium Act, 1998

**SUMMARY OF LEASE OR RENEWAL
(clause 83 (1) (b) of the Condominium Act, 1998)**

TO: Halton Standard Condominium Corporation No. 718

1. This is to notify you that: (circle applicable)

A written or oral: Lease Sublease Assignment of Lease

OR

A renewal of a written or oral: Lease Sublease Assignment of Lease

Has been entered into for:

Unit # _____ Level _____

Address: _____

On the following terms:

Name of lessee(s) (or sub-lessee (s)): _____

Telephone Number: _____

Commencement date: _____

Termination date: _____

Option(s) to renew: _____

Rental payments: _____ n/a

(Amount and when due)

Other information: _____

2. I (We) have provided the lessee(s) / sub-lessee(s) with a copy of the declaration, by-laws and rules of the condominium corporation.
3. I (We) acknowledge that, as required by subsection 83 (2) of the *Condominium Act, 1998*, I (we) will advise you in writing if the lease/ sublease/or assignment of lease is terminated.

Dated this _____ day of _____ 20_____

Signature of Owner

Signature of Owner

Address

Telephone Number

LEASING COVENANT

Halton Standard Condominium Corporation No. 718

I, _____ covenant and agree that I, the members of my household
(PLEASE PRINT)
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 and the By-Laws, and all Rules and Regulations of the Condominium Corporation during the term of my tenancy.

ADDRESS & UNIT NUMBER: _____

DATED AT _____ THIS _____ DAY OF _____, 20____

Witness

Tenant

Tenant

Witness

Owner

Address

THIS DOCUMENT TO BE RETURNED IN DUPLICATE

HALTON STANDARD CONDOMINIUM CORPORATION No. 718
Tenant Personal Data Sheet

TAG MANAGEMENT complies with the Privacy Information Act effective January 1, 2004 (PIPEDA). The information below is to update or confirm details on record and to allow for the distribution of notices to residents. TAG MANAGEMENT does not provide any of the information listed herein to any marketing services.

No one likes to have his or her names spelled incorrectly. Please print your first name, initials and last name.

MR. MRS. MR. MRS.
MISS MS _____ MISS MS _____

ADDRESS: _____ **UNIT NO.** _____

There may be an occasion when an emergency may arise and we must contact you. Please provide your phone numbers below and indicate if they are unlisted. Please select if your phone numbers are unlisted and you do not want them in the public records.

HOME: _____ LISTED UNLISTED

TENANT 1 - CELL: _____ TENANT 2 - CELL: _____

TENANT 1 - WORK: _____ TENANT 2 - WORK: _____

TENANT 1 - EMAIL: _____ TENANT 2 - EMAIL: _____

I would like to receive notices by e-mail: YES NO **Email for communication: TENANT 1 TENANT 2**

Emergency CONTACT NAME _____ EMERGENCY CONTACT _____

VEHICLE DESCRIPTION(S): _____
(colour, make)

VEHICLE LICENSE PLATE No./No's.: _____

PARKING SPACE #: _____ LOCKER #: _____ PETS: _____

ANY OTHER RESIDENTS OF THE UNIT:

IN CASE OF EMERGENCY DO ANY TENANTS REQUIRE ASSISTANCE (provide name and assistance required):

TAG MANAGEMENT
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Burlington, ON L7N 3N1
Phone: 905-333-5506
Email: mail@tagmanagement.ca
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