

# 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: **Edenbridge** Date: \_\_\_\_\_  
Parking(s): \_\_\_\_\_ Locker(s)/hobby room(s): \_\_\_\_\_  
Credential Info: \_\_\_\_\_ Credential Info: \_\_\_\_\_  
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: \_\_\_\_\_

## 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: \_\_\_\_\_

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Name: \_\_\_\_\_

Indicate if:    Owner            Family Member            Tenant            Child            Other: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tenant, lease start date: \_\_\_\_\_ lease end date: \_\_\_\_\_

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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: \_\_\_\_\_

Make / Model: \_\_\_\_\_ Colour: \_\_\_\_\_ Licence Number: \_\_\_\_\_

## 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 Citylink or available through your Property Management office.

## Emergency Contact

Name: \_\_\_\_\_ Residing in suite:    Yes            No

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

## 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 Citylink or available through your Property Management office.

## Suite Entry Permission (Corporation Access):

I/We, \_\_\_\_\_ of suite number \_\_\_\_\_ do hereby authorize Residences Of Edenbridge On The Kingsway 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 Residences Of Edenbridge On The Kingsway 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, \_\_\_\_\_ of suite number \_\_\_\_\_ do hereby authorize Residences Of Edenbridge On The Kingsway Inc. And its duly authorized agents and employees to accept small packages (Not to exceed 30 Lbs.), which must be signed for, on my behalf. In so doing I release Residences Of Edenbridge On The Kingsway Inc. And its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged. This waiver shall include Parcels/Packages/Flowers/Medicine or other items that can be stored safely for a period of 48 hours. Please note that items received are not stored in a refrigeration system. The Condominium Corporation and its authorized agents are not authorized to accept registered mail.

This Authorization will remain in effect until I notify Residences Of Edenbridge On The Kingsway 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. April 2025.

# Resident(s) Requiring Special Assistance



Suite: \_\_\_\_\_ Community: **Edenbridge** Date: \_\_\_\_\_

Assistance requirements may come in many forms, such as language concerns, physical or mental abilities and more. The Fire Department also requires that your Property Management Team have a readily available list of Residents that require additional assistance to evacuate the community in the event of an emergency.

It is critical to keep this information accurate and up-to-date. Please provide their names and any special instructions on the form below.

Name: \_\_\_\_\_ Child Adult Senior

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Nature of Condition/Disability: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(must be a non resident)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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Name: \_\_\_\_\_ Child Adult Senior

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Nature of Condition/Disability: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(must be a non resident)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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Service Pet? Yes No

Other Pets? Yes No Cat Dog Other

Please list type: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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# Pet Registration Form



Suite: \_\_\_\_\_ Community: **Edenbridge** Date: \_\_\_\_\_

Pet Owners Name: \_\_\_\_\_

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## Pet Details

Is this a service pet?                      Yes                      No

Name of Pet: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:                      M                      F

Size and Weight: \_\_\_\_\_ Colour(s): \_\_\_\_\_ License Number: \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Vet's Phone Number: \_\_\_\_\_

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## Pet Details

Is this a service pet?                      Yes                      No

Name of Pet: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:                      M                      F

Size and Weight: \_\_\_\_\_ Colour(s): \_\_\_\_\_ License Number: \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Vet's Phone Number: \_\_\_\_\_

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Additional Information / Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Vacation Information Form



Suite: \_\_\_\_\_ Community: **Edenbridge** Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Phone number where we may contact you in case of emergency: \_\_\_\_\_

Email address where we may contact you in case of emergency: \_\_\_\_\_

Would you like community mail redirected while you are away?                      Y                      N

Mailing address to send community correspondence to:

\_\_\_\_\_

The information below will be forwarded to the Concierge to permit entry into the community.

Name of person monitoring your suite: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Make & Colour of Car: \_\_\_\_\_ Licence Number: \_\_\_\_\_

If you are taking your car with you and you have rented out your parking space for this duration, please give the information to the Property Management Office and the renter will be given a temporary parking permit.

Should access to your unit be required during your absence for routine maintenance, please authorize entry.

Permission Granted

Permission Denied

\_\_\_\_\_  
Resident Signature

**Please cancel any newspapers and regular deliveries you may have subscribed to.**

# Service Request



Suite: \_\_\_\_\_ Community: Edenbridge Date: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_  
*(please print)*

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
*(if different than on file)*

Details of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is hereby granted to Management and/or its authorized agent to enter my suite.

***If the repair is not covered by any warranties, I further understand and agree to pay for all labour, materials and service fees associated with such repair in accordance with the description of boundaries and responsibilities prescribed by the Declaration.***

Signature \_\_\_\_\_ Check One: Owner                      Resident

Inspection Only                                      Inspection and Repair

### OFFICE USE ONLY

Please check action party/parties - Manager  Administrator  Superintendent

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

Date Resident Notified of Completion: \_\_\_\_\_ By: \_\_\_\_\_

**Copy to be placed in resident's file**

# Suite Entry Permission

## Resident Access



I / We \_\_\_\_\_, owner(s), resident(s), tenant(s) of suite / unit number \_\_\_\_\_ (the "Unit") of (address) \_\_\_\_\_, confirm that we require the Condominium Corporation to provide access to the unit.

I / We acknowledge that the Suite Entry Policy for Resident Owners, Tenants & Guests (on reverse) has been received and read and hereby authorize the concierge to provide access to: \_\_\_\_\_

\_\_\_\_\_ (insert name(s) of individual(s) who are authorized to enter the Unit) upon the presentation of a valid and current piece of photo identification (such as a Provincial or International Driver's License, Passport or such other photo identification as may be requested by the concierge confirming the identity of the individual) and upon obtaining his / her signature. A copy of the identification and signature of the individual shall be kept by Condominium Corporation for emergency and security purposes.

Please be advised however that the province of Ontario does not permit health cards to be used as photo identification and, therefore, our concierge staff have been instructed not to accept health cards for purposes of identification for any purpose whatsoever.

It is the responsibility of the resident unit(s) owner or tenant to ensure that the name(s) of the person(s) authorized for entry on this waiver form matches precisely the name(s) on the photo identification to be used by the guest(s) upon entry into the building. The unit owner / resident understands and agrees that if the name(s) do(es) not match, entrance may not be permitted.

The above Authorization(s) will remain in effect until I notify Residences Of Edenbridge On The Kingsway Inc. in writing to the contrary.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_, at \_\_\_\_\_ a.m. / p.m.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Print Name

### Entry

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Identification Type and Number: \_\_\_\_\_

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_, 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.



# Tenant Agreement

Suite: \_\_\_\_\_ Community: **Edenbridge** Date: \_\_\_\_\_

I hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licensees, from time to time, will in using the unit rented by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of the Tenancy Agreement and my tenancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

WITNESS WHEREOF, this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

in the City of \_\_\_\_\_.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Witness



# Enterphone Registration

Suite: \_\_\_\_\_ Community: **Edenbridge** Date: \_\_\_\_\_

Name to be registered on Enterphone Directory	Phone Number	Enterphone # (to be completed by Concierge)
1.		
2.		

\_\_\_\_\_  
Owner / Resident Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner / Resident Signature

\_\_\_\_\_  
Witness

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