

## Elevator Reservation Agreement TSCC 2926 – 30 Baseball Place

Elevator Schedule: Monday to Saturday: 10:30am to 12:30pm, 1:00pm-3:00pm, 3:30pm to 5:30pm

Reservation requested by:	Suite:			
(Print first and last name)				
Cell Phone:	Home Phone:			
The reservation request is made for the use of the service elevator for the purpose of:				
□ Move out □ Move in	Delivery.			
Delivery company/Moving truck:				
The date and time of the reservation shall be:				
(Day) (Month)	FROM TO ( <i>Year</i> )			

I understand and agree to the following conditions:

- I shall deposit with the property manager upon signing this agreement, a refundable security deposit in the amount of \$500.00 payable to TSCC 2926 on a certified cheque or money order. Deposit is to be given at least 24 hrs before elevator use. This amount will be refunded upon completion of the move and not having caused any damage to the common elements of the Condominium.
- 2. I shall notify the property manager or the building staff and request an inspection of the elevator immediately prior to using the elevator. Upon completion of the move or delivery, I shall forthwith request a re-inspection of the elevator and affected common elements.
- 3. I shall be liable for the full cost of all repairs to any damage which may occur as a result of the use of the elevator by me or my agents. I shall accept the cost of repairs as assessed by the property manager and acknowledge that all or part of the security deposit shall be withheld and applied towards the cost of repairs.
- 4. I shall only use the elevator during the term of the reservation.
- 5. I shall take reasonable precautions to prevent unauthorized entry into the building during the term of the reservation.
- 6. I shall not obstruct corridors and elevator lobbies prior to, during or after the term of the reservation.
- 7. I agree that special care will be taken with regards to the mirrors that are present in the elevators. I agree that the protective pads must be in place prior, during and after and/or until the completion of the final inspection.
- 8. I acknowledge and agree that neither the Condominium nor the property manager shall be liable for any loss, damage and/or personal injury caused or suffered by any party.

I hereby acknowledge that I have read this Agreement and I agree to abide by the rules of the Condominium in force from time to time.

DATED this \_\_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

Applicant's Signature

30 Baseball Place, Toronto, ON., M4M 0E8 Email: riversidesquarenorth@crossbridgecs.com Management Phone: 416-519-9940 24/7 Concierge: 416-519-3983



## **INSPECTION REPORT**

AREA INSPECTED	BEFORE	AFTER	
Loading Dock Area			
Moving Room and Doors			
Ground Level Lobby and Doors			
Elevator Doors/Frame			
Elevator Cab/Pads			
Corridor Floor/Walls			
All Fixtures			
Suite Door			
Inspected BEFORE by:			
Inspected AFTER by:			
Signature of Building Staff and Resident after completion of move/delivery:			
	Building Staff	Resident	
Approved to Return deposit (Yes/No):			
Deposit Returned To (print name):			
Deposit Received By (signature):			
Date:			
Reason Deposit NOT Returned:			