

# T.S.C.C. 1525 VACATION INFORMATION FORM

1. It is recommended that residents who will be away for an extended time period fill out this form and forward it to the office (**fax 416-944-9435**) or drop it off to the concierge's desk.
2. Place a hold on your newspapers, turn off the answering machine, and turn off the water supply to your washer and dishwasher.
3. Arrange to have someone check the suite periodically.

Name: \_\_\_\_\_ Suite Number \_\_\_\_\_

Date of Departure \_\_\_\_\_ Anticipated Date of Return \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

## Automobile

Will remain on the property\*  Will be taking it with us

\*In the event that there is a problem in the garage which requires removing your car, provide the name of the person who has the keys \_\_\_\_\_ Phone \_\_\_\_\_

## Contact information of person taking care of your unit while you are away, if applicable.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Make and Colour of Car \_\_\_\_\_ Licence \_\_\_\_\_

## Suite Entry

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

Permission Granted  Permission Denied

Date \_\_\_\_\_

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