

SUITE # _____

FOB KEY APPLICATION FORM

FOB will be issued only to residents who have been in residence at 10 Yonge Street for **over 6 months** or 10 Queen's Quay West for **over 1 year**

Please make cheques payable to **SFCFC** (Shared Common Facilities Committee)

NAME _____

SUITE _____ 10 Yonge Street / 10 Queen's Quay West

PHONE NUMBER (H) _____ (W) _____ (C) _____

RESIDENT OWNER OR TENANT

(circle one)

Resident's Names

FOB Number

(for office use)

1. _____
2. _____
3. _____
4. _____

The cost per FOB is \$50.00 and is non-refundable

Note: FOBS will be deprogrammed and will not work after you have moved out of the building.

Resident's signature

Date