



# Emergency Form

## Condominium Common Elements

To notify Tarion of an emergency situation, complete and submit this form. For more information about emergency coverage and the process for dealing with emergencies, refer to “Exceptions to the claims process” in the Condominium Corporations section on [www.tarion.com](http://www.tarion.com).

Submit this form to the attention of the Common Elements Team at 5160 Yonge St., 7th Floor, Toronto, Ontario, M2N 6L9, in person, by mail, by courier or by email at [commonelements@tarion.com](mailto:commonelements@tarion.com). Send a copy of this completed form to your vendor/builder and keep a copy for your records. Please print clearly.

### Section 1: Condominium Project Identification Information

Date of Registration (YYYY/MM/DD)		Vendor Name & Licence #		Enrolment #	
Street #	Street Name			Phase # (if applicable)	
City/Town		Postal Code	Lot #	Project Name	

### Section 2: Condominium Corporation Contact Information

Condominium Corporation Name	Property Manager or Designate Name (if applicable)
Contact Name & Position	Property Manager/Designate Phone
Phone	Property Manager/Designate Email
Email	

### Section 3: Condominium Corporation Mailing Address

Street #	Street Name		Suite/Unit
City/Town	Province	Postal Code	



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### Section 4: Request for Reimbursement

Describe the emergency situation and the repair work done to correct it. Include the date of the emergency and the date invoice received below:

Attach the following:

- A detailed report from the contractor stating the cause of the emergency problem and the repair methodology
- Original invoices/receipts from the contractor (must include contractor's name, address, phone and HST number)
- Photographs (if available)

### Section 5: Outstanding Damage

Describe any damage to builder-installed material caused by the emergency situation (if applicable):



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### Section 6: Declaration

I confirm that the information contained herein lists all warranty claims accurately and clearly reflects the nature of the claims involved. I understand that failure to disclose all information related to the nature and extent of each deficiency and/or failure to provide adequate details to Tarion may result in a denial of the condominium corporation’s warranty claims.

Condominium Corporation Name		Contact Name & Position	
Address		Phone	
Date (YYYY/MM/DD)	Signature		
	I have authority to bind the Corporation		

**Please note that you should allow your vendor’s representatives or subcontractors access to the condominium building and units (as required) during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.**