

ASSUMPTION OF RENTAL CONTRACT (NEW PREMISES OWNER)

Contract Information						
Name of Contract to be Assumed:				Date of Contract to be Assumed:		
Qian Chen				2024/02/09		
`			Towns on City		Tel/Fax Number:	
Installation Address	(Number, Street Nan	ie, Unit Number)	Town or City:	Postal Code:	Tel/Fax Number:	
158 Enchanted Hills Crescent			Toronto	M1V 3P3		
New Premises Owner	Information					
Mr Mrs Miss Ms	Given name: Middle name: Surname or Corporate Name:				me:	
Mailing Address	(Number, Street Nan	ne Unit Number)	Town or City:	Postal Code:	Tel/Fax Number:	
Mailing Address	(Number, Street Nam	ie, Onii Number)	Town or City.	Fusial Code.	Tel/Tax Number.	
Lessee Information						
Lessee is:	Mr Mrs Miss Ms Given name: Middle name:			Surname or Corporate Name:		
□ Owner □ Tenant						
Previous Premises Ow	ner Information					
Mr Mrs Miss Ms	Given name:	Middle name: Surname or Corporate Name			me:	
("Enercare") and The New Premises of the Previous P which are to be o	the New Premises O s Owner hereby agre remises Owner who observed or perform	wner whose info es to assume, ar se information ed thereunder a	ormation is above (the " nd shall observe and per is above under the Con	New Premises form, all of the stract describe I by the Contr	ices Limited Partnerships Owner"). cobligations and liabilities ed above (the "Contract") ract as and from the date	
New Premises Owner's Name (Please print full legal name):		Authorized New Premises Owner Signature:			Print Name and Title (If New Premises Owner is a Corporation):	
				Name:		
		(I have authority to bind the New Premises Owner)		Title:	Title:	
Date Agreement Signed (Y/M/D):		Authorized Enercare Signature:			New Premises Owner's: Date of Birth: Y M D	
		Print name:		-		
Name and Signature of I	Premises Owner's Spouse	I (If Applicable):				
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Name:			Signature:			

Please return by e-mail to liens@enercare.ca or by mail to 7400 Birchmount Rd, Markham, ON, L3R 5V4

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