

**Agent - Strata
Document Order
Form**

Forms submitted after 12 noon will be dealt with the next business day. All cancellations or amendments must be resubmitted within 24 hours of the date ordered.

DATE: _____ Owner Agent

Requestor's Name _____ Company _____

Address _____

Phone No. _____ Fax No. _____ Cel No. _____

UNIT: Civic Address _____

Strata Plan No. _____ Strata Lot No. _____ Current Owner's Name _____

DOCUMENT REQUEST MENU	7 DAYS	Please check all that apply (fees include GST)
FORM "B"	<input type="checkbox"/> \$36.75	
	14 DAYS	If you require the documents earlier, an additional fee for Priority Service will apply as follows: (fees include GST)
Financial Statements	<input type="checkbox"/> \$15.75 per set	1 - 2 business days: additional \$157.50 <input type="checkbox"/>
Bylaws	<input type="checkbox"/> \$36.75	3 - 4 business days: additional \$105.00 <input type="checkbox"/>
Minutes (Per Year, incl. AGM/SGM) Number of years required _____	<input type="checkbox"/> \$26.25 per year	5 - 6 business days: additional \$63.00 <input type="checkbox"/>
Strata Plan	<input type="checkbox"/> \$36.75	7 - 13 business days: additional \$36.75 <input type="checkbox"/>
Engineer <input type="checkbox"/> / Depreciation <input type="checkbox"/>	<input type="checkbox"/> \$78.75 per report	

Method of Delivery: Pick-Up Fax - \$5.00 / **Form B Only** Mail - Standard Applicable
 Email - \$5.00 / **Form B Only** _____ **Please Print Clearly**

I hereby confirm that I am a registered owner or an agent authorized by an owner and entitled to receive the documents ordered. I further agree to pay the charges in full upon placement of the order and understand this is Non-Refundable once the order is processed.

The personal information provided is for the purposes of complying with legal requirements, identifying and communicating with me, and ensuring the orderly management of the Strata Corporation. I hereby authorize Royal LePage Westside to collect, use and disclose the personal information for these purposes.

VISA Mastercard Card Number _____ Expiry Date _____

Name (Please Print) Signature Date

FOR OFFICE USE:	Reg Under
	<input type="checkbox"/> PAP Spec