

**Strata Document
Order Form**

Westside
INDEPENDENTLY OWNED AND OPERATED

DATE: _____ **DATE REQUIRED BY:** _____

ORDERED BY: Owner Agent

Name _____ Company _____

Address _____

Phone No. _____ Fax No. _____ Cell No. _____

UNIT DETAILS: Ordered For: Sale Refinancing Other _____

Address _____

Completion Date _____ PID _____ Strata Lot _____

Legal Description _____

Purchaser's Name(s) _____ Residing? Yes No

IF NO, please provide phone number and forwarding mailing address: (AREA CODE) _____

DOCUMENT REQUEST MENU	7 DAYS	Please check all that apply (fees include GST)
FORM "B"	<input type="checkbox"/> \$36.75	Your documents will be available in 7 / 14 business days as set out in the ACT. If you require them earlier, an additional fee for rush service will apply as follows (fees include GST):
FORM "F"	<input type="checkbox"/> \$15.75	
	14 DAYS	
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	

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 acknowledge that I will be required to provide evidence of my authorization upon pick up. I agree to pay the charges in full should I fail to pick up the documents after two weeks from the date they were ordered. Payment must be cash or cheque made payable to 'DNM Management Corp.'

I understand that the personal information provided above is for 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 disclosed above for these purposes.

 Name (Please Print) Signature Date

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