



STATUS CERTIFICATE REQUEST FORM

ELECTRONIC VERSION

[Direction required from the Unit Owner to release Original Status Certificate to any party, other than the Unit Owner – in such cases, please contact management for the Form]

Date of Request:	Date of Payment:	Method of Payment: <input type="checkbox"/> E-Transfer <input type="checkbox"/> Stripe / Credit Card*** <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No _____	Amount: <input type="checkbox"/> 10 days - \$100.00 <input type="checkbox"/> 4-5 days - \$150.00 <input type="checkbox"/> 2-3 days - \$180.00 <input type="checkbox"/> +\$30.00 paper copy
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NOTE: 2-3 DAYS EXPEDITED SERVICE IS SUBJECT TO THE EXPLICIT APPROVAL BY MANAGEMENT

Condominium corp.: _____ Unit address: _____

Unit owner name: _____ phone: _____

Name of requestor: _____ relationship: _____

Closing date: _____ Purchaser name: _____

Special instructions: _____

FOR OFFICE USE ONLY:

UNIT INFO	LEVEL	UNIT	MAINTENANCE FEE
Parking			\$
Parking			\$
Parking			\$
Locker			\$
Locker			\$
Locker			\$
Total Monthly Fees:			\$
Amount owing	\$	as of	
Amount owing water	\$	as of	
Year End		Leased Units	
RFS at 1 st day of fiscal year	\$	Reserve Funds \$	as per Bank / FS
Reserve Funds updated		Engineer's name	
RFS served date			

PICK-UP INFORMATION	
IN-PERSON <input type="checkbox"/>	Date: _____ NOTES: _____
COURIER <input type="checkbox"/>	Contact: _____
OTHER <input type="checkbox"/>	Tel.: _____

ACKNOWLEDGMENT
Status Certificate received on _____ Signature: _____