

FORM B & MISC. DOCUMENT

****FORM REQUEST ARE C.O.D ONLY (CASH, CHEQUE, OR INTERACT- ETRANSFER)****

Southview acknowledges your request for confidential information pertaining to the above address. Please mark the items that you require. The amounts listed below reflect Southview's charges for reproducing the information. All request forms are required by 12:00pm (noon) to start processing for that day. Requests after the noon hour start on the next day for their 7 business days of processing. **Canceling forms is to be done in writing/email within 24 hours!** If the forms are completed, once notified you are still required to pay the processing fee. Any unpaid requests are put onto future requests.

1. Client Information (Please Print)		
Ordered By:		Company Name:
Phone:	Fax:	Email:
Building Address:		Owners Name:
Suite #:	Strata Plan #:	Strata Lot #:
2. Strata Information (Completed by Southview)		
Contingency Fund:	Deficit:	Parking #:
Maintenance fees:	Arrears:	Locker#:
Authorized Request:	Renters:	Year End:
3. Documents Requested (Tick Box - Cost Determined by Southview)		
<input type="checkbox"/>	\$	Form B (\$35.00)
<input type="checkbox"/>	\$	Bylaws & Rules (\$0.25/pg)
<input type="checkbox"/>	\$	Financial Statements (\$0.25/pg)
<input type="checkbox"/>	\$	Minutes of Meetings (\$0.25/pg) (AGM & SGM included) Date Range: [_____]
<input type="checkbox"/>	\$	Engineers <input type="checkbox"/> Depreciation Report <input type="checkbox"/> (\$0.25/pg)
<input type="checkbox"/>	\$	Strata Plan (\$0.25/pg)
<input type="checkbox"/>	\$	Budget (\$0.25/pg)
<input type="checkbox"/>	\$	Rental Disclosure Statement (\$0.25/pg)
<input type="checkbox"/>	\$	Other Document(s): [_____]
4. Delivery Method (Please select ONE SERVICE and ONE METHOD)		
<input type="checkbox"/>	\$ 300.00 + Above Cost	24 Hours Service [RUSH]
<input type="checkbox"/>	\$ 200.00 + Above Cost	48 Hours Service [RUSH] Excluding Weekends & Stat Holidays
<input type="checkbox"/>	\$ 100.00 + Above Cost	3-6 Days Service [RUSH]
<input type="checkbox"/>	\$ 0.00 + Above Cost	7 Days (Regular) Service
<input type="checkbox"/>	Pick Up (Method)	Pick up Date [_____]
<input type="checkbox"/>	\$ 5.00 (Method)	Fax/Email Documents
5. Total Cost (Completed by Southview)		
SUBTOTAL	\$ _____	
GST	\$ _____	(GST# 105967244RT001)
TOTAL	\$ _____	<input type="checkbox"/> Notified (Date: _____) (Completed by Southview)