

## FORM B & MISC. REQUEST

**\*\*Form Request is C.O.D. only. (Accept Cash, Cheque or Interac-eTransfer)\*\***

1. Client Information (Please Print)		
Ordered By:		Company Name:
Phone: ( ) -	Fax: ( ) -	Email:
Building Address:		Owners Name:
Suite #:	Strata Plan #:	Strata Lot #:

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. **According to the Strata Property Act, we require 7 days' notice. Any requests of less than 7 days will be charged as stated below.** All selected items will be available for **pick up C.O.D.** at our Richmond office during regular business hours 8:30 A.M. to 4:30 P.M. Monday - Friday. You will be required to sign for the information and provide identification. **Cancelling a form request is to be done in writing within 24 hours!**

2. Strata Information (To be completed by Southview)		
Contingency Fund:	Deficit:	Parking #:
Maintenance fees:	Arrears:	Locker#:
Authorized Request:	Renters:	Year End:

3. Documents Requested (Write # OF COPIES (leave blank if not wanted), cost determined by Southview)		
# _____	\$ _____	Form B (\$35.00)
# _____	\$ _____	Bylaws & Rules (\$0.25/pg)
# _____	\$ _____	Financial Statements (\$0.25/pg)
# _____	\$ _____	Minutes of Meetings (\$0.25/pg) (AGM & SGM included) Date Range: [ _____ ]
# _____	\$ _____	<input type="checkbox"/> Engineers <input type="checkbox"/> Depreciation Report (\$0.25/pg)
# _____	\$ _____	Strata Plan (\$0.25/pg)
# _____	\$ _____	Budget (\$0.25/pg)
# _____	\$ _____	Rental Disclosure Statement (\$0.25/pg)
# _____	\$ _____	Other Document: [ _____ ]

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 (To be completed by Southview)		
SUB TOTAL	\$ _____	
GST	\$ _____	(GST# 105967244RT001)
TOTAL	\$ _____	<input type="checkbox"/> Notified (Date: _____)

(Completed by Southview)