

**ASSET WEST PROPERTY MANAGEMENT LTD.**

#300, 729-10 Street Canmore, AB T1W 2A3

Phone: 1-403-678-3000 Fax: 1-403-678-0039

**ESTOPPEL CERTIFICATE REQUEST FORM**

Please fill in the following information in order to process your request promptly.

Date Requested: \_\_\_\_\_

Requesting Firm: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Owner: \_\_\_\_\_

Unit #: \_\_\_\_\_ Legal #: \_\_\_\_\_ Condo Plan #: \_\_\_\_\_

Property Address: \_\_\_\_\_

New Owners Name(s): \_\_\_\_\_ New Owners Phone#: \_\_\_\_\_

New Owners Mailing Address: \_\_\_\_\_

On site/off site: (will the owner be living at this address) \_\_\_\_\_

Possession Date: \_\_\_\_\_ If possession date is the first of the month, who will be paying the condominium fee? Vendor \_\_\_\_\_ Purchaser \_\_\_\_\_

**Please note: ESTOPPELS WILL NOT BE RELEASED WITHOUT THE NEW OWNERS NAME AND ADDRESS**

Estoppel Pricing (please circle one):

Regular Service (3 to 7 business days) \$183.75

Rush Service (Next Business Day) \$288.75

Please note: prices above include 5% gst, GST Reg. No. 873374110RTO

Please note we accept Cheque or Money Orders for all document requests. Please make Cheques payable to: **Asset West Property Management Ltd.**

***THE FOLLOWING IS FOR OFFICE USE ONLY***

Document Payment Rec'd: \_\_\_ yes \_\_\_ no

if no, reason: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Received from: \_\_\_\_\_

By: (initial): \_\_\_\_\_

Monthly Condo Fee Assessment: \_\_\_\_\_

As of date: \_\_\_\_\_

Amounts Owing:

Condo Fee Assessment: \_\_\_\_\_

Due date of payout: \_\_\_\_\_

Special Assessment: \_\_\_\_\_

Assessed date: \_\_\_\_\_

Charge backs/Fines/O/S: \_\_\_\_\_

Assessed months: \_\_\_\_\_

Late Charges O/S: \_\_\_\_\_

Assessed date: \_\_\_\_\_

Caveat/Legal: \_\_\_\_\_

Caveat: \_\_\_ Yes \_\_\_ No

Total Amount Owing for Clear Estoppel: \$ \_\_\_\_\_

Welcome Letter Sent: \_\_\_\_\_

by: \_\_\_\_\_

TRUST: \_\_\_\_\_

BLDG: \_\_\_\_\_

UNIT: \_\_\_\_\_