Owner & Realtor Request for Information Certificate (Form B) and/or Strata Corporation Records and Documents .
(Please attach owner authorization and Call to confirm we received your Fax or Email)
TEL: 604-521-0876 FAX: 604-525-1299 Email: forms@quaypacific.com

*******CUT OFF TIME IS 12 Noon*******

Order received after this time will not be processed until the next **business day.** Orders are not provided or processed on weekends or holidays.

Date Request (dd/mm/yy): _____

1. Contact Information (Please Print)

Name of Person Requesting Documents:		Company (If Agent):	
Requestor's address:			
Phone No: ( )	Cell No: ( )	Fax No: ( )	E-mail Address:
Strata Plan #:	Strata Name:	Strata Lot #:	Strata Lot Owner's Name:
Civic Address of Strata Property:		Legal Description:	PID:

2. Forms and/or Documents requested

[ ] Form B – Information Certificate (includes financials)	$ 35.00 + $ 1.75 GST = $ 36.75
[ ] Council Minutes (from _____to_____)	$ 0.25 + GST per page
[ ] By-Laws	$ 0.25 + GST per page
[ ] Strata Plan (not guaranteed to be registered strata plan)	$ 0.25 + GST per page
[ ] Engineer's Report (last 5 years only)	$ 0.25 + GST per page

3. Owner Authorization

I hereby confirm that I am [ ] a registered owner or [ ] an agent authorized by an owner (listing agreement attached) to receive the documents ordered. I agree to pay the charges in full and understand this order.

_____ _____

Authorized Signature **Printed Name**

4. Service Fee ***(Rush fee is additional to regular order charges)***

[ ] Standard – regular processing 7 days	[ ] $ 75.00 + GST - within 5 – 6 days
[ ] $ 150.00 + GST - within 3 – 4 days	[ ] $ 240.00 + GST - 1 – 2 business days
[ ] $ 350.00 + GST - same day service (order by 12 out by 5)	

5. Delivery (for 2 services would be $15.00+GST, for 3 services would be $20.00+GST)

[ ] Pick up / Courier	No Charge	[ ] Fax	Add $ 10.00 + GST on top of form fees
[ ] Mail	Add $ 10.00 + GST on top of form fees	[ ] E-mail	Add $ 10.00 + GST on top of form fees

6. Payment Methods

[ ] Cash [ ] Cheque [ ] Credit card (Visa/MasterCard) ****

If payment by Credit card, Cardholder's Authorization:

I agree to pay the charges in full upon placement of the order and understand this order is Non-Refundable. I agree that doucments not picked up after 3 weeks will be destroyed.

**Visa/Master Card # [ ][ ][ ][ ] **Expiry Date: [ ][ ]

**Card Holder's Name: _____

MM / YY

_____ _____

Authorized Signature **Printed Name**

(IMPORTANT: PLEASE BE ADVISED THAT YOUR REQUEST WILL BE PROCESSED UPON RECEIPT OF THIS FORM. UNSUCCESSFUL COMPLETION OF THE TRANSACTION WILL NOT VOID THE REQUIREMENT TO PAY THE FORMS FEE)

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