



STATUS CERTIFICATE REQUEST FORM

Reason For Request (*check one*)

Purchase

Sale

Refinancing

Condominium Corporation Number:		Date:	
Civic Address - Suite Number:	Level:		Unit:
Street Address:			
Locker(s) Number & Level: <i>if applicable</i>		Parking(s) Number & Level: <i>if applicable</i>	
Current Owner/Seller's Information:			
First Name:		Family Name:	
Co-owner First Name:		Co-owner Family Name:	
Applicant Information:			
First Name:		Family Name:	
Applicant's Full Address:			
Applicant's Telephone Number(s):			
Buyer's Full Name:			
Lawyer's Name:		Lawyer's phone#/email:	
Closing Date:			

Chose the Service Requested:

- **Regular Service** (delivery up to 10 days) _____ **\$100.00 including HST**
- **Additional fee for Express Service** (4 business days) _____ **\$150.00 including HST**

TOTAL FEE PAYABLE BY APPLICANT \$ _____

I, the Applicant, acknowledge that Cash/Money Order/Certified Cheque for TOTAL FEE payable to Kolt Management Inc. is attached to this request. Applicant to Initial here: _____

When the Status Certificate is ready, please contact : _____

The preparation of Status Certificates may take up to TEN (10) days from the receipt of full payment and Request Form submission, unless you have selected and paid the Additional Fee for Express Service at the time of submission.

Upon final closing, Management Office must receive official notification of transaction from the lawyer's office to update the unit's files accordingly.

New owners should submit a statistical form when they move in to ensure they receive all correspondence

All of the above information is correct, understood and accepted.

Applicant's Signature: _____ **Date** _____

Print your name here: _____