



Document Request Form

Date: _____

Contact Name: _____ Ph(s): _____

Deliver Documents. Via: _____

(Condominium Name) **CONDOMINIUM No.:** _____
(Condo No.)

Condominium Address: _____

Owner Name(s): _____

Civic No(s): _____ Legal No(s): _____

Document	Qty.	Regular Cost Each	RUSH Additional Each	Total(s)
AGM Minutes		\$10.00	\$20.00	
Annual Audited Financial Last Yr.(s)		\$10.00	\$20.00	
Board Meeting Minutes		\$10.00	\$20.00	
Budget		\$10.00	\$20.00	
Condominium Bylaws		\$10.00	\$20.00	
Estoppel Certificates (See next page)		\$190.00	\$100.00	
Information Statement		\$100.00	\$50.00	
Insurance Certificate		\$10.00	\$20.00	
Management Agreement		\$10.00	\$20.00	
Post Tension Report (If any)		\$10.00	\$20.00	
Reserve Fund Study (& Plan - if any)		\$10.00	\$20.00	
Year-to-Date Unaudited Financials		\$10.00	\$20.00	
Other:		\$10.00	\$20.00	
Other:				

Regular Cost: Up to 10 Business days to deliver.
RUSH Charges: Less than 3 business days to deliver.
Both above options start after receiving full payment(s).
NOTE: Price Subject to change at any time.

Sub-Total: _____
+ 5% GST: _____
TOTAL \$ _____

Please return the completed form with cheque payable to:

Lenyx Corp: #102, 1111 - 6 Avenue SW, Calgary, Alberta, T2P 5M5

Or send forms via email: **Info@LenyxCorp.ca** or Fax: **403-265-3740**

An e-transfer can also be sent to: cet@LenyxCorp.ca Password: _____

In Memo write: Unit number, Condo name, and a short description.

INTERNAL USE: Estoppel Certificate

Document Request

- ☐ Monthly Payment _____
☐ Outstanding Payment _____
☐ Welcome Letter _____

☐ Document Payment _____



Document Request Form

Estoppel Certificate Request Form (Please Print Clearly)

Date: _____

Contact Name: _____ **Ph(s).** _____

Deliver Documents Via: _____

(Condominium Name) **CONDOMINIUM No.:** _____
(Condo No.)

Condominium Address: _____

Civic No(s): _____ **Legal No(s):** _____

Owner's Name(s): _____ **Ph(s):** _____

Owner's Lawyer: _____ **Ph(s):** _____

SELECT ONE: ☐ SALE ☐ FINANCING ☐ OTHER: _____

Buyer's Name(s): _____

Buyer's Lawyer: _____ **Ph(s):** _____

Buyer(s) Lawyer's email: _____

Possession Date: _____

NOTE:

Estoppel will be effective as date issued, and not after possession date.

Estoppel requested by:

Name

Signature

Please Return completed form to:

Lenyx Corp. #102, 1111 6th Avenue S.W., Calgary Alberta, T2P 5M5

Or Email: Info@LenyxCorp.ca or Fax: 403-265-3740