STATUS CERTIFICATE REQUEST FORM

Reason For Request (check one)	L Pu	urchase Sale	Refinancing
Condominium Corporation Number:		Date:	
Civic Address - Suite Number:	Level:	Uı	nit:
Street Address:			
Locker(s) Number & Level: if appl	icable	Parking(s) Number & Lev	el: if applicable
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 1 ◆ Additional fee for Express Service TOTAL FEE PA I, the Applicant, acknowledge that Cash/M 	e (4 business da	CANT \$	ing HST
Management Inc. is attached to this reque			rable to Downing Street Property
✓ When the Status Certificate is ready,	please contact	:	
 The preparation of Status Certificate submission, unless you have selected 			
 Upon final closing, Management Offi update the unit's files accordingly. 	ce <u>must receive</u>	official notification of transact	tion from the lawyer's office to
✓ New owners should submit a statisti	cal form when t	hey move in to ensure they rec	eive all correspondence
All of the above information is correct, unders	stood and accep	ted.	
licant's Signature: Date			
Print your name here:			