



Date:

DOCUMENT ORDER FORM – Owners/Real Estate Agents

Please complete the following information and return by fax or email (info@cccm.bc.ca) to our office. Orders received after 5 pm will be counted as received the following day. Same day rush orders received after 2 pm will be processed the following business day.

Strata Plan Number:

Unit Number:		Strata Lot Number:		_		
Name of Owner:						
Name of Real Estate Brokerage:		Contact Person:				
Address of Company:			-			
Phone:	Cell:		_			
Date Information Required (Note Fee Sch	nedule):					
Minutes (Council, AGM): (\$0.25/page)		From:	To:			
Bylaws:						
(\$0.25/page)						
Other (Specify) (\$0.25/page)						
Form B:		(\$35.00 plus 0.25/page)				
Included with the Form B, as per the S any), any Rules and the current Finance			ent Depreciation	report (if any), i	Rental Disclosure	Statement (if
ORDER	S WILL E	BE COMPLETED BEFORE	5 PM ON THE D	AY THEY ARE I	DUE	
Please select your level of service:						
Same Business Day Processing:\$350.00 per order (plus all regular fees as noted)2 Business Days Processing:\$250.00 per order (plus all regular fees as noted)3-4 Business Days Processing:\$180.00 per order (plus all regular fees as noted)5-6 Business Days Processing:\$150.00 per order (plus all regular fees as noted)7 Days - Standard order:\$150.00 per order (plus all regular fees as noted)* All fees plus GST * All fees plus GST						
By placing this order, I am acknowled Agent of the noted client and that on authorized to collect this information	behalf of	my real estate brokerage	and personally,	I agree to pay th	iese fees. I agree t	hat I am
Information collected under this request will be management of the strata corporation, compliant	e used by ( ance with a	C&C for the purposes of identific pplicable laws and may be used	cation and communic to market its produc	ation, processing pacts and services.	ayments, responding t	o emergencies,
Print Name:		Signature:		Date:		2016-11-01