



# River Heights Condominiums

**Welcome**  
***to your new home at River Heights Condominiums!***

You will find some important information and forms in this package as it pertains to your new property. This package simply highlights a few of the provisions of the Bylaws and policies of the Corporation. Please ensure that all applicable forms are submitted to the Administrative Assistant for your property.

Please also ensure you have read and understand your Corporation Bylaws.

**Property Management**  
**Ayre & Oxford Inc. Contact Information**

Dorrie Stender – Condominium Property Manager

E-mail: [dorrie@ayreoxford.com](mailto:dorrie@ayreoxford.com)

780-448-4984 EXT 336

Carrier Laliberte – Administrative Assistant

Email: [admin8@ayreoxford.com](mailto:admin8@ayreoxford.com)

780-448-4984 EXT 334

**Suite 203, 13455 -114 Avenue NW**

**Edmonton, AB T5M 2E2**

**Ph: 780.448.4984**

**Fax: 780.448.7297**

**Emergencies:**  
**24 Hour line 780.499.8424**

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## **1. Move in / Out Etiquette:**

1. No driving on the grass.
2. Any other damages incurred will be the responsibility of the unit owner.

### **Thinking of selling?**

It happens – everyone's needs change over time. Note though that when you are selling the real estate agent you work with or potential buyers are usually interested in some key documents:

- Condo Bylaws
- Previous AGM minutes
- Insurance Certificate for building
- End of year financials
- Reserve Study

All these documents have been provided to owners in the past. By law you only have to make these available for VIEWING (by appointment at Ayre & Oxford) however to speed up the sales process most sellers keep a copy of the documents handy. Please remember that if you need this documentation reproduced there is a fee which can be \$300-400 depending on the needs of the buyer. So be sure to have your bylaws and keep your AGM information in a handy spot!

## **2. Emergencies**

- a. If there is a police / fire or medical emergency, call **911**.
- b. Report incidents requiring immediate action to the onsite emergency staff.
- c. Non emergency reports should be made to Property Management the following business day for record purposes.

## **3. Noise and disturbance:**

Daily living and its associated noises are expected and suggested to remain from 8am to 9pm. Outside of this timeframe should be quiet hours.

- a. Parties or activities beyond 9pm should be conducted with due respect to your neighbors.
- b. Owners with complaint regarding noise in a unit after hours are asked to call the police and report it to Ayre & Oxford the next business day. Please document the date / time and nature of the complaint with as much details as possible.

## **4. Renovations and Repairs:**

- a. Construction in units is to be performed during normal working hours, Monday through Saturday.
- b. If you are planning a renovation you are asked to contact building management prior to commencement for guidelines and they will provide permission. This also applies to moving plumbing or electrical fixtures from one location to another.
- c. Unapproved renovations are subject to removal.
- d. If you are upgrading / renovating, please ensure your insurance is adjusted to reflect coverage on all items that are not remaining "builders' grade".

## **5. Home based business:**

Please make your request in writing to the Building Management for approval by the Board. Approval will not be given to business which requires public attendance in the building.

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**6. Air conditioners:**

Air Conditioners must be approved by the Board. Please submit written requests to Management with all specifications. Air conditioners cannot be mounted to hang outside of windows and must be fully inside your unit. They cannot alter the building in any way or cause excessive noise outside your unit that may disturb neighbors.

**7. Pets:**

Pets, including visiting pets require approval of the Board. You will find a pet approval Form included in this package. Please also refer to the Corporation bylaws.

**8. Insurance :**

It is mandatory that all owners and tenants if renting have proper condo insurance. A copy of the insurance documents must be presented to the management company for their records.

The Condominium Corporation carries Real Property All Risk Insurance, which provides coverage to the full replacement value of all real property in the condominium complex. This policy does not cover the individual unit owner in these important areas:

- Insurance coverage on your personal property or contents coverage
- Insurance coverage for personal liability
- Sewer back up
- Contingent insurance
- Insurance on Betterments, or improvements
- Loss assessment (coverage for the corporations deductible should it be assessed back to them)
- If the unit is rented to tenants, the owner should carry a condo package that also covers tenant liability; the tenant must carry a tenant's policy.

To protect these important areas you should purchase a Condominium Unit Owners Policy. This a package designed specifically for this unique type of ownership. Contact your insurance agent to ensure that your needs are adequately met. Provide your insurance agent with a copy of the Corporation bylaws and the current Corporation insurance certificate for reference.

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## **Guidelines for enjoyment and use of Common Areas**

**1. For sale / rent signage:**

Signs cannot be placed throughout the common property, or in windows. Please call Ayre & Oxford for directions to an approved location.

**2. Rental Units:**

If you rent your suite, please notify Ayre & Oxford Inc within 21 days of the Rental and provide details of the tenants. You will find a notification form attached for your reference, along with a bylaw sign off form.

**3. Yards / Landscaping:**

- Owners are responsible to maintain, weed, and water your own shrub beds. Owners are also responsible to water your own grass.
- Owners are responsible for their own lawn maintenance and snow removal from their driveways.
- Loud noise after 9:00 pm is frowned upon, keep in mind noise travels and for the comfort of other residents please keep it down.

**4. Garbage:**

When possible, place containers inside garage or out of sight until the night before removal. Concerns have been raised about tripping over cans, animals and unsightly visual.

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## **River Heights Condominiums Contact Information Form**

Suite No.: \_\_\_\_\_

### **OWNER INFORMATION**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

SEND MAIL TO CONDO ADDRESS? Circle YES or NO -If you circled no, please enter mailing address below

Address: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*\*Anti-Spam Email Legislation Consent: By providing my email address I am granting permission for Ayre & Oxford Inc. to email me for communication purposes related to the property. To remove consent, please notify our office requesting removal of your email from our system.\*\***

Emergency Contact/Agent: \_\_\_\_\_

Emergency contact daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

### **OWNER OCCUPIED UNIT Please circle YES or NO (if you circled no please complete the section below)**

#### **RESIDENT INFORMATION, (if different from Owner):**

Name(s): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

### **CARS OWNED OR USED BY OWNER/RESIDENTS which are parked at or near the condominium:**

#### **Car #1.**

Parking stall location & number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

#### **Car #2.**

Parking stall location & number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information requested is for our records only. In order to ensure confidentiality to all occupants, site staff has been instructed not to provide personal information contained in our files.

**Once completed, please sign and return the form attention [admin8@ayreoxford.com](mailto:admin8@ayreoxford.com) contact info provided on the letter head.**

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## **NOTICE OF INTENTION and APPLICATION TO RENT River Heights Condominium Corporation**

1. We, \_\_\_\_\_ ' as owner(s) of Unit Number \_\_\_\_\_, intend to rent the unit to:

\_\_\_\_\_  
(Name(s) and address of proposed tenant/lessee)

2. A copy of the proposed rental agreement showing the terms thereof, the amount of the rental to be paid and the circumstances under which it may be terminated prior to expiry is attached.

3. My/Our address for service of legal process is:

\_\_\_\_\_  
4. I/We undertake to pay the Condominium Corporation and to indemnify it against any damage sustained by the Corporation or any other person as a result of the tenant's/lessee's breach of any Bylaw or any damages resulting from negligence or nuisance committed by the tenant/lessee.

5. I/We understand and agree that any unpaid charges resulting from damage sustained by the Corporation or any other person as a result of the tenant's/lessee's breach of any Bylaw or any damages resulting from negligence or nuisance committed by the tenant/lessee will be applied against Condominium fees paid; resulting in action taken as per the Corporation. The Corporation also has a charge against the estate of the defaulting owner, for any amounts that the Corporation has the right to recover under these by laws. The charge shall be deemed to be an interest in the land, and the Corporation may register a caveat in that regard against the title to the defaulting owners unit. The Corporation shall not be obliged to discharge the caveat until all arrears, including interest and enforcement costs have been paid.

6. I/We have fully explained to the prospective tenant/lessee the provisions of Sections 45 to 47 of the Condominium Property Act, Corporation's Bylaws and we have provided the tenant with a copy of all of the above. A signed undertaking by the tenant / lessee is attached in agreement to be bound by the bylaws, rules, regulations.

7. I/ We understand that the Residential Tenancies Act may affect us and our tenant. If there is a conflict between the Residential Tenancies Act and the Condominium Property Act, the Condominium Property Act applies.

8. Attached is a cheque for the deposit in the amount of: **N/A**.

DATED at Edmonton this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

\_\_\_\_\_  
*SIGNED, SEALED AND  
DELIVERED ON (DATE):*

\_\_\_\_\_  
*THE OWNERS: CONDOMINIUM PLAN 002 4707  
No. in the Presence:*

\_\_\_\_\_  
Attachments: Proposed Rental Lease Agreement, Appendix #1. Undertaking outlined per section 6. Above.

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**Tenants Receipt of By-Laws**

To: Board of Directors: River Heights Condominiums

Unit # \_\_\_\_\_

Address: \_\_\_\_\_

In consideration of the attached application to lease unit #\_\_\_\_\_ at River Heights Condominiums, please be advised of the following:

I / We \_\_\_\_\_  
have received a copy of the Corporation bylaws for River Heights Condominiums for review.

I / We \_\_\_\_\_  
agree to undertake the Bylaws.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_



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## **River Heights APPLICATION FOR PET APPROVAL**

Please complete this application for the cat or dog residing in your Unit and return to the Condominium Office. A copy of the municipal license (city of Edmonton) and a recent photograph of the pet in the application must be attached before approval will be granted.

Owner: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

> Mailing Address if Owner lives Off-Site: \_\_\_\_\_

### **TO BE COMPLETED BY OWNER/LANDLORD IF UNIT IS RENTED:**

Tenant Name(s) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Pet Description: Cat (breed): \_\_\_\_\_ Dog (breed): \_\_\_\_\_

Sex: \_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Age: \_\_\_\_ Fixed? Circle Y or N

Municipal License # \_\_\_\_\_ Tag # \_\_\_\_\_

**I/We**, the Owner(s) of the above Unit do hereby make application for approval for the pet (cat or dog) as described above and agree to the following terms and conditions:

1. The information provided is accurate. Misrepresentation will result in the withdrawal of approval by the Condominium Corporation.
2. This application references this animal ONLY and will not apply to any other animal residing on the premises, now or in the future.
3. Approval for pets may be withdrawn by the Condominium Corporation.
4. In the event that the animal described about is under the age of (1) year, **I/We** promise to provide a copy of the municipal license before the animal's first birthday.
5. Any and all costs incurred resulting from damages and repair to the Common Property caused by the above described animal shall be the responsibility of the Unit Owner. Resulting legal costs, if any, will be borne by the Unit Owner.
6. No animal shall be tied to any part of the Common Property, including posts, trees, shrubs, fences or signs.
7. No animal shall be allowed to create noise or disturb other residents in any way.
8. No animal shall be left unattended while on Common Property or exclusive use areas.
9. All pets must be properly controlled(leashed or caged) at all times while on Common Property.
10. Owners are responsible for the proper disposal of PET WASTE. All waste is to be removed immediately from Common Property and exclusive use areas.
11. No more than 1 pet per household will be approved by the Condo Corporation.
12. **I/We** agree to comply with the Condominium By-laws and any rules and regulations set forth by the Condominium Corporation.

**SIGNED THIS DAY OF , 20 . Signature:** \_\_\_\_\_



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## **River Heights Alberta Treasury Branch Pre-Authorized Chequing / Authorization for Debit Transfer**

Unit #: \_\_\_\_\_ Building #: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Name: \_\_\_\_\_  
Complete if the name the account is under is different from Condominium Owner's name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No : \_\_\_\_\_ ( work) \_\_\_\_\_

Email: \_\_\_\_\_

### **CIRCLE YES or NO**

- |  |     |    |
|--|-----|----|
| 1. New Pre Authorized Plan for Ayre & Oxford Inc.? | YES | NO |
| 2. Bank Information Change (If Applicable)?        | YES | NO |

### **THESE SERVICES ARE FOR:**

#### **CHECK ONE:**

\_\_\_\_ Personal Use OR \_\_\_\_ Business Use

I, \_\_\_\_\_; Hereby authorize Alberta Treasury Branch ATB  
and: Ayre & Oxford Inc., #203, 13455-114 Ave; Edmonton, AB T5M 2E2, Telephone: (780) 448-4984

To transfer monies in the amount of the monthly condominium fees from my account at the following location on the 1<sup>st</sup> of every month or next business day: **Please note outstanding balances CAN NOT be paid through Pre-authorized and must be paid by either cheque/money order or Condo Café.**

Financial Institution Name: \_\_\_\_\_

Acct No: \_\_\_\_\_ Transit # (5 digits): \_\_\_\_\_ Financial Inst # (3 digits): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

I authorize Ayre & Oxford Inc. and ATB to use the services of any member or affiliate of the Canadian Payments Association (CPA) in carrying out this authorization. I agree to be bound by the standards, rules and practices of the CPA as they may exist from time to time. I agree to give written notice of cancellation of this authorization to Ayre & Oxford Inc. and to be bound by this authorization until Ayre & Oxford Inc. has had reasonable time to act on the notice. Ayre & Oxford Inc. and/or ATB may terminate this authorization by providing me with ten (ten) days notice.

You, the Payor may revoke your authorization at any time in writing subject to providing notice of 10 days. You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your resource rights you may contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

I undertake to inform Ayre & Oxford Inc. within ten (10) days of any changes to branch, account and institution number while this authorization is in effect.

**It is the Condominium Owner's responsibility to notify Ayre & Oxford Inc. of cancellation or changes to the Pre-Authorized account on or by the 23<sup>rd</sup> of the current month.**

**I understand there will be a service charge of \$35.00 if any withdrawal is returned. (This service charge is subject to change without notice.)**

Commencement Date: \_\_\_\_\_, 20\_\_\_\_ (This form must be received by the 23<sup>rd</sup> of the month before the commencement date.)

Signature: \_\_\_\_\_ Signature of Joint Acct Holder (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_ Printed Name of Signer of Joint Acct Holder: \_\_\_\_\_

Please send completed form to [receivables@ayreoxford.com](mailto:receivables@ayreoxford.com)

**A VOID CHEQUE or BANK CONFIRMATION MUST BE ATTACHED**