

Lakeview Estates

Welcome *to your new home at Lakeview Estates*

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.

Please keep this package handy for contact and information purposes.



Lakeview Estates Contact Information

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 to admin4@ayreoxford.com, or to the contact info provided on the letter head.



Lakeview Estates

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., #501, 4730 Gateway Blvd; Edmonton, AB T6H 4P1, Telephone: (780) 448-4984

To transfer monies in the amount of the monthly condominium fees from my account at the following location on the 1st 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

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 23rd 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 23rd 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

A VOID CHEQUE or BANK CONFIRMATION MUST BE ATTACHED

#501, 4730 Gateway Blvd. NW Edmonton AB T6H 4P1

Phone (780) 448-4984 • Fax (780) 448-7297

www.ayreoxford.com

Lakeview Estates Condominiums

ANTI-SPAM LEGISLATION EMAIL CONSENT / REMOVAL OF CONSENT FORM

Due to some recent changes to Canada's Anti-Spam Legislation, Ayre & Oxford Inc. now requires written consent from Owners in order to be able to communicate via email, effective July 1, 2014.

Please be reminded that Ayre & Oxford Inc. is governed by PIPA (Personal Information Privacy Act) and therefore would never provide your personal information to any third parties, other than what is required by law.

For more information on the changes please visit <http://fightspam.gc.ca>

EMAIL CONSENT

I/we _____,
Owners of Unit # _____ at Lakeview Estates Condominiums hereby give my/our
permission to Ayre & Oxford Inc. to use my/our below noted email address(es) for communication
purposes related to Condominium matters.

REMOVAL OF CONSENT

I/we _____,
Owners of Unit # _____ at Lakeview Estates Condominiums hereby REMOVE my/our
permission to Ayre & Oxford Inc. to use my/our below noted email address(es) for communication
purposes related to Condominium matters

Email Address

Email Address

Signature

Signature

Please note: All formal legal notices will remain distributed by letter mail via Canada Post or other mail carrier services.

Please return this form to Ayre & Oxford Inc. via one of the following methods:

Mail/In Person: Suite #501, 4730 Gateway Blvd NW Edmonton AB T6H 4P1
Email: admin4@ayreoxford.com
Fax: 780-448-7297

Lakeview Estates Pet Application Form

In accordance with The Owners: Condominium Plan No. 982 0919 By-laws 28(d) & 33-34 approval for cats and dogs is required. Please complete one application for each 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. **NOTE:** A size restriction is in effect of 25 lbs. & 15" at the shoulder.

Owner: _____ Unit Address: _____

Home # _____ Work # _____

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, in accordance with By-law 61 (b) ii.
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 dog or 1 cat 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: _____

APPROVED: _____ DATE: _____
Property Manager/ Board Member Signature

Lakeview Estates – Unit Alteration/Renovation Application

Date of Application: _____

UNIT #: _____

NAME: _____

ADDRESS: _____

PHONE: _____

Interior Enhancement: _____

DESCRIPTION OF PROJECT(S) – Exterior: (Deck, Fence, Sun/Screenroom, Other)

Permit Required: YES _____ NO _____ (If yes, enclose copy for file)

Material(s) to be used in construction:

NOTE: low, minimal or maintenance free materials must be used in construction, and must meet with municipal and provincial codes & requirements

Color(s): NOTE: If enhancement is exterior, it must coordinate to existing exteriors

Dimensions, Specifications:

(attach a detailed sketch or drawing of the project showing dimensions, including proximity to adjoining properties. If interior enhancements involve structural changes, an engineer's report may be required.)

Contractor(s) or persons responsible for construction and contact numbers: _____

Estimated completion date of project(s):

NOTE: owner(s) accepts responsibility for timely completion of construction project

Units that may be affected and/or impacted by construction: _____

Owner(s) to complete the following section:

I/we, _____, as homeowner(s) of Unit _____, accept all responsibility for construction and associated costs including permits as well as any/all related maintenance of these projects. I/We also accept full liability for any and all damages caused as a result of the failure of any electrical, plumbing and/or structural components changed during the course of the renovation.

When these enhancements are complete, these projects will be discussed with my/our insurance agent. If applicable my/our insurance coverage will be increased to cover replacement costs associated with these items. I/We are aware and accept full responsibility for any additional insurance premiums incurred as a result of these improvements to my/our property and unit.

Dated this _____ day of _____, 20_____

Owner's Signature

Owner's Signature

Office to complete the following section

Board members concerns and/or any related conditions of approval OR denial and reason for denial:

Approved / Denied (Please circle and initial one)

Dated this _____ day of _____, 20_____, _____
(Property Manager)

Lakeview Estates Condominium Corporation No. 982 0919
NOTICE OF INTENTION and APPLICATION TO RENT/LEASE

1. I/We, _____ as owner(s) of
Unit Number _____, intend to rent/lease the unit to:

(name, phone # and address of proposed tenant/lessee)

2. A copy of the proposed rental agreement/lease 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 bylaw section 36.2. 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 and we have provided the tenant with a copy of the Corporation's Bylaws, Part including Occupation and Use of the Units and Use of the Common Property.

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 in the amount of \$ N/A for the move in fee.

DATED at Edmonton this _____ day of _____, 20 ____.

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

Attachments: Proposed Rental Lease Agreement, Tenant Receipt of Bylaws Form.

TENANT RECEIPT OF BYLAWS

To: Board of Directors
Lakeview Estates Condominiums #982 0919

Unit # _____

Address: _____

In consideration of the attached application to lease
Unit # _____ at Lakeview Estates Condominiums,
please be advised of the following:

I/We, the tenant(s):

_____ have received a copy of the Bylaws, of Lakeview Estates Condominium Corporation #982 0919
for review.

I/We, the tenant(s):

_____ agree to undertake the terms of these
Bylaws.

Date: _____

Signature: _____

Signature: _____

Witness Signature: _____