



Laurier Industrial

Welcome to Laurier Industrial Condominiums,

As a new owner, you will find some important information in this package concerning Property Management contacts, move in policies, rental information and pet registration. Please also ensure you have read and understood your Corporation Bylaws. In the event that you have concerns to bring to the attention of the Board of Directors, please send a letter or email. For urgent matters, please contact Ayre & Oxford Inc directly.

Ayre & Oxford Inc. Property Management

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

Ph: 780.448.4984 ~ Fax: 780.448-7297

**Amanda Edwards
Senior Condominium/Property Manager/Associate
E-mail aedwards@ayreoxford.com
780-448-4984 Ext. 3490**

**ADMINISTRATIVE ASSISTANT:
E-mail admin5@ayreoxford.com
780-448-4984 Ext. 3400**

**AFTER HOURS EMERGENCIES
780-499-8424**



Insurance:

It is mandatory that all owners and tenants have proper condo insurance.

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 two important areas:

- Insurance coverage on your personal belongings and
- Insurance coverage for personal liability
- Insurance on Betterments, or improvements

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.

Visitor Parking:

- If you are having problems with others parking in your assigned stall, you are permitted to have them towed from there. To have a vehicle ticketed/towed please call the EPS non-emergency line at 780-423-4567. **Please note**, Management does not become involved in these cases.
- Please note that the parking in between the buildings is not outlined, as these stalls will have a 24 hour time limit implemented. Parking anywhere else on the site that is not a designated stall is not permitted. Vehicles parked in undesignated stalls will be subject to ticketing, towing or fines from the Corporation.
- Please call Management at 780-448-4984 to find out your assigned stall numbers if you are unsure.

Signage:

- All renovations or sign installations need to be approved by the Board before installation. Attached you will find the Unit Alteration/Renovation form, please submit this form to admin5@ayreoxford.com for approval.
- Units 1-10 are permitted to install 8'x2' signage, consistent with what is already installed on the building.

Units 11-17 are permitted to install 8'x44" signs, centered over the overhead doors, installed 6" from the top of the building. 8'x2' signs are permitted over the man doors. Any existing signs will hold a grandfather clause and will be permitted to stay on the building.



Thinking of selling?

It happens – everyone's needs change over time. Note: 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!



Laurier Industrial
Contact Information Update Form

How would you like to receive your Condominium Correspondence?

EMAIL ONLY ☐

MAIL ONLY ☐

**** Please ensure that your address filed with Land Titles is kept up-to-date at all times to ensure you receive important Legal documents pertaining to your Property, which will continue to be mailed to the Address registered on Land Title.**

Suite No.: _____ Building (where applicable): _____

OWNER INFORMATION

Owner Name: _____

Property Address: _____

Mailing Address (if offsite): _____ Prov: __ Postal Code: _____

Primary Phone No.: _____ Secondary Phone No.: _____

E-mail: _____

Emergency Contact/Agent: _____

Emergency contact primary phone: _____ Secondary phone: _____

TENANT / RESIDENT INFORMATION, (if different from Owner):

Name(s): _____

Daytime phone: _____ Evening phone: _____

Please be reminded that the Owner(s) is/are responsible to ensure the Tenant(s) receive all applicable correspondence.

Signature: _____ **Date:** _____

The information requested above is required as per your Bylaws and the Condominium Property Act. Please ensure you submit a new form with any changes to any of the above information. Changes are accepted in writing only, to ensure no discrepancies.

Once completed, please sign and return the form to admin5@ayreoxford.com, or via fax, regular mail, or drop it off to our office, contact information provided on the letter head.



NOTICE OF INTENTION TO RENT/LEASE
Laurier Industrial Condominiums Corporation 932 0593

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

(name 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, the circumstances under which it may be terminated prior to expiry and containing the proposed lessee's signature in agreement to undertake the bylaws, and the Condominium Rental Policy / Regulation 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. Notice of Move in and move out must be notified two weeks in advance, at which time an elevator key will be provided if applicable to assist with the move.

6. 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.

7. 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.

8. 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.

9. Attached is a cheque for the deposit (one month's rent) in the amount of \$1000.00 or one month's rent which is ever greater and \$150 move in fee if applicable Yes_____, or No_____.

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

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

Attachments: Proposed Rental Lease Agreement, Appendix #1. Undertaking outlined per section 2. Above, information update form & Certified Cheque, Tenants insurance certificate.



Laurier Industrial Condominiums– Tenants Receipt of Bylaws

To: Board of Directors

Unit # _____

Address: _____

In consideration of the attached application to lease unit #_____ at Laurier Industrial please be advised of the following:

I / We _____
have received copies of the Corporation bylaws, and the Condominium Rental Policies / Regulation of Laurier Industrial Condominiums for review.

I / We _____ agree to undertake the bylaws and Rental Policies / Regulation.

Date: _____, 20____

Signature: _____
Tenant

Signature: _____
Tenant



Laurier Industrial Condominiums– Cease to Rent

To: Board of Directors

Unit #: _____

I / We _____

Cease to rent the aforementioned suite effective: _____, 20__.

My/Our mailing address for future correspondence is:

Contact Number: _____

I/We would like to request that our Rental Deposit be returned by (check the applicable box):

☐ Mail to the above noted address.

☐ We would like to be notified when the cheque is ready and come to the Ayre & Oxford office to pick it up in person.

FOR OFFICE USE ONLY RETURN OF RENTAL DEPOSIT CHEQUE REQUEST

PROPERTY: _____

PAYEE: _____

DATE: _____

AMOUNT: _____

APPROVED BY: _____

NOTES: _____



AYRE & OXFORD INC.

PROFESSIONAL REAL ESTATE MANAGEMENT



Laurier Industrial Condominiums

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

- | | | |
|--|-----|----|
| 2. New Pre Authorized Plan for Ayre & Oxford Inc.? | YES | NO |
| 3. 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 NW; 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

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

www.ayreoxford.com



Laurier Industrial Condominiums– Unit Alteration/Renovation Application

Date of Application: _____

NAME: _____

ADDRESS: _____

PHONE: _____

Interior Enhancement: _____

DESCRIPTION OF PROJECT(S) – Exterior: (Deck, Fence, Sun/Screen room, 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: _____



AYRE & OXFORD INC.

PROFESSIONAL REAL ESTATE MANAGEMENT



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)



RESIDENT COMPLAINT FORM

Today's Date: _____ Building Name / Address: _____

Name: _____ Suite: _____ Owner or Tenant? _____

E-mail address: _____ Phone Number: _____

Complaint against Suite #: _____ Type of complaint: _____

If the complaint is noise, describe the type of noise: _____

How frequent is this occurring? _____

How long does this occur? _____

At what time of day? _____

Location / source of the complaint? _____

How is it affecting you? _____

Is it affecting anyone else? _____

Other relevant details: _____

Are you willing to attend court in the event that this issue escalates to that point? _____

The information collected here is for legal and record keeping purposes only. Your information will not be shared with the offenders unless required by law.

FOR OFFICE USE ONLY:

1ST COMPLAINT

2ND COMPLAINT

3RD COMPLAINT

4TH COMPLAINT

NOTES: _____

