Main Street South

Welcome *to your new home at Main Street South*

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.

Property Assistance Personnel

If you have a flood or a similarly urgent issue which requires immediate assistance, please contact the after-hours emergency staff using the **After-hours emergency line: 780.499.8424.**

Outside of regular business hours, rotating after-hours emergency staff are available to assist you, however they are paid overtime rates.

The Condominium Corporation will always pay the staff for their time on-site, however please keep in mind that many concerns you would have within your suite are a unit owner's responsibility, as outlined in your bylaws. If personnel are called on-site solely to assist in completing an owner responsibility, the Corporation may have to charge your unit for the expense.

If you are unsure whether your concern is an owner issue, please ask the management office directly. **All non-urgent reports should be made via email or phone to the office for record purposes.**

Move In's / outs etiquette:

a. Move in/outs must be booked one week in advance so notice can be posted in the building.
b. $100 refundable deposit for the return of the elevator key, 4-hour maximum timeframe, between the hours of 9am until 9pm.
c. Please pay close attention to balconies when navigating moving trucks.
d. Owners/residents must ensure the elevator is not locked for long extended periods of times.
e. Please ensure you do not block emergency fire lanes for any extended duration while conducting your move, and be ready to remove your vehicle promptly if required.
f. **No driving on the grass or moving through patios.**
g. Damages resulting from vehicles or trucks onto any common property area, or any other damages incurred will be charged back to the unit owner.
h. Do not leave any doors propped open and unattended.
i. Do not dispose of any furniture or large items in the garbage room besides domestic garbage.

Rental Units:

If you intend to rent your suite, please ensure you send confirmation to the Condo Corporation of your own and the tenants' contact information and receipt of the bylaws through Ayre & Oxford Inc within 21 days of the rental. Provide all contact details regarding any third parties involved in the suite as well: You will find a form attached for your reference.

If you are found to be renting out your suite without sending the Condominium Corporation the full contact information and confirmation required, please note that this may result in a fine of $250.

Visitor Parking:

Visitor parking will be monitored by _____. Please remember to remind your guests to register their vehicle as soon as they park. Residents are not permitted to park in visitor stalls. Please review the parking signs on site for further instructions.

Unit Alteration

There are no exterior items that can be attached to the building. For example, garden hose holders must be free standing. Any exterior alteration *must* be approved by the Board of Directors.

Mainstreet South

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

Condominium Plan No. 922 3110
MAIN STREET SOUTH
5005 & 5065 – 31 Avenue, Edmonton

BALCONY/PATIO USE POLICY

In an effort to keep Main Street South an enjoyable place for all, a Balcony/Patio Use Policy has been implemented.

Please review the checklist below carefully to make sure you are keeping your balcony/patio neat and clean.

The following are **permitted** on balconies/patios:

- BBQ Grills – Electric or Propane.
- Decorative Balcony/Patio Lights – Decorative lights that are temporarily affixed to rails; no permanent adhesives, nails, screws, hooks, etc.
- Deck Storage Containers – Bench-Style only.
- Patio Furniture Covers.
- Planters not permanently affixed to Common Property.

The following are **prohibited** on all balconies/patios:

- Clothing or Rugs – no drying of clothing or rugs on or over the balcony/patio
- Furniture intended for indoor use – including couches, recliners, bed frames, futons, book shelves, etc.
- Trash – including cardboard boxes, trash bags and trash cans.
- Tool Boxes and Coolers.
- Bins – Example: Rubbermaid bins, etc.
- Heater – Propane and open flame.
- Pets – Not allowed to do their business on balconies/patios or be left unattended.
- Swings.
- Tarps.
- Tires.
- Wall Dividers/Partitions.

Other:

- No more than 50% patio/balcony coverage allowed.
- If residents/guests smoke on patio/balcony, a fire safe ashtray must be in use at all times. Do not extinguish butts on decking, planters or any other type if not intended for safe cigarette disposal. Do not discard cigarettes or any type of smoking paraphernalia over balcony.

NOTE: Balcony/Patio Light Fixtures must be in working order at all times – change the bulbs when required.

Breach of policy/bylaws will result in a levy to the suite owner plus costs to remove/clean/repair, where necessary.

Mainstreet South

ELEVATOR KEY AGREEMENT

The Lessee(s), _____ agrees(s) to the following conditions for the right to:

1. Deposit fee for the Elevator key amount of **$100.00** will be due at the time of pick up and payable to the Condominium Corporation.

2. Should the key not be dropped off with in 2 weeks of the date of pick up the cheque or money order will be cashed.

Date of elevator key pick up :_____

Name: _____

Address of property: # _____ - 5005/5065 31 Ave, Edmonton

Cheque Number:_____

Signature:_____

Date of when the elevator key was dropped off : _____

Name: _____

Address of property: # _____ - 5005/5065 31 Ave, Edmonton

Cheque or money order given back : _____

Signature:_____

NOTICE OF INTENTION TO RENT/LEASE
Main Street South Condominiums

1. 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 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. Notice of Move in and move out must be notified 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 bylaws. 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, signed bylaw received. Tenant's insurance certificate

Main Street South

Moving In/Out Policy

1. All moves, whether moving in or out of Main Street South shall be booked at least one week (5 working days) in advance through the Management Company. Moves for main floor suites, must also book a move even though they do not require the elevator.

2. Moving in or out may only take place between the hours of Monday - Sunday. 9:00 AM to 9:00 PM. With a 4-hour maximum time allowance.

3. A $100.00 Key Deposit is required at the time of pick-up of the keys from the management company's office. A receipt will be issued.

4. If you move in or out of the building without notifying the Management Company, a fine will be charged to the owner of the unit in the amount of **$500.00.** This charge is in addition to any amount assessed and owed if damage is caused to Main Street South property.

5. Only the Front Lobby Doors can be used for all moves.

6. In the case of tenants, the unit owner is jointly and severability liable for any and all damages caused by the tenant moving in or out of Main Street South. It is their responsibility to ensure that their tenant(s) is aware of and complies with this Policy. If it is determined that there has been a breach of this Policy, the person moving in or out, and/or the owner of the unit in the case of the tenants, can be fined **$500.00.** This fine is in addition to any amount assessed and owed if damage is caused to Main Street South property.

THE OWNERS: CONDOMINIUM PLAN #922 3110
O/A MAIN STREET SOUTH
KEYFOB REQUEST FORM

The purpose of this Keyfob Control Policy is to establish reasonable personal security for all Owners and Residents of Main Street South and to ensure the protection of Common Property.

Keyfobs are issued to Suite Owners, Employees and Agents of the Condominium Corporation only. The suite owner is responsible to be aware at all times where their keyfobs are and who they have given their keyfobs to.

Lost or stolen keyfobs must be reported to the Management Company (and the police where necessary) by the quickest means available. When a keyfob is lost/stolen, this keyfob will be de-activated immediately.

The suite owner is liable for any damages and/or thefts should their keyfob be used to access the residential building for any type of criminal act. Please report any lost or stolen FOBs to avoid this occurrence.

An identifying serial number is on every keyfob; the serial number will not identify the building.

COST OF KEYFOBS: $50.00

ARE THESE REPLACEMENT KEYFOBS, IF SO STATE WHICH KEYFOB(S) THEY ARE REPLACING:_____

SUITE OWNER(S)' NAME: _____ **SUITE #** _____

WHO WILL BE KEYFOB HOLDER				
First Name	**Last Name**	**MINI KEYFOB #**	**Relationship to Suite Owner**	**Lives in Suite/Off Site**

****I AGREE TO THESE TERMS AND CONDITIONS AND AGREE TO BE BOUND BY SAME.****

OWNER _____ **DATE** _____

OWNER (if applicable) _____ **DATE** _____

AGENT for Condominium Corporation No. 032 3295 _____ **DATE** _____

Mainstreet South

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.

CARS OWNED OR USED BY OWNER/RESIDENTS parked on Condominium Property:

Car #1.

Parking stall number: ___ Make/Model: _____ Colour: _____ License Plate Number: _____

Car #2.

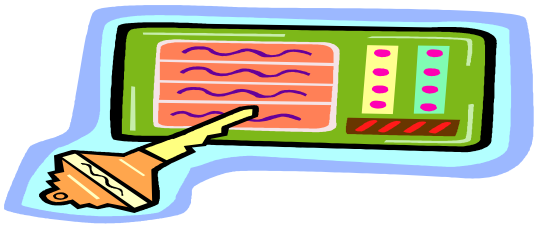
Parking stall number: ___ Make/Model: _____ Colour: _____ License Plate Number: _____

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.

Intercom Update
Mainstreet South Condominiums



Please be advised an Intercom system is installed and all entrance doors to the building is secured.

The system works by using a digit number assigned to your suite which has to be entered by your guest. This will then activate the number you have registered with Ayre & Oxford Inc. You may then allow your guest access to the building by pressing "6" or "9" on your phone pad.

To activate your Intercom, we require the one (1) local telephone or cellular number you wish to use along with your name or "Occupied" to be displayed.

Please fill out the following information and return it to admin5@ayreoxford.com or to the office at:

Ayre & Oxford Inc.
501 4730 Gateway Blvd NW
Edmonton, AB T6H 4P1
FAX: (780) 448- 7297

Can only be hooked up to one (1) local number

Unit #_____

Building _____

Owner/Tenant Name(s)_____

Name Displayed or "Occupied" _____

Phone Number_____

THE OWNERS: CONDOMINIUM PLAN #922 3110
O/A MAIN STREET SOUTH
REALTOR LOCKBOX LOCATION

For security reasons, the following rule has been approved by the Board of Directors:

REALTOR LOCKBOX LOCATION

These boxes are allowed to be placed on the Realtor Lockbox Bar located under the bulletin board in the main lobby. We have made arrangements with the Edmonton Real Estate Board for Realtors to have access to the interior of the building. You will not be required to provide your realtor with a building entrance fob.

All types of lockboxes located on the exterior of the building or in the intercom vestibule are prohibited and will be removed.

No other types of lockboxes are permitted on the Realtor Lockbox Bar without the written permission of the Board of Directors (example: Homecare). If you fall into this category, please put your request in writing via Email (admin5@ayreoxford.com), click on "Request" on the website: https://mainstsouth.condogenie.com or mail.

Main Street South

MONTH-TO-MONTH STORAGE RENTAL AGREEMENT

The Lessee(s), _____ agrees(s) to the following conditions for the right to use Storage unit _____.

1. Monthly rent in the amount of $50.00 will be due and payable along with Condo fee which will be paid by ____ Pre –Authorized Debit or _____Cheques.

2. The Lessor of the above Storage unit shall not be liable for any damages or theft of property from said Storage unit.

3. **GASOLINE, FUEL TANK, OR ANYTHING THAT MAY CAUSE A FIRE SHALL NOT BE STORED IN THE STORAGE AREA.**

4. The Lessee(s) is responsible for any damage to the building or concrete pavement.

5. This agreement shall remain in effect until either Lessee or Lessor gives written notice of termination, at least twenty (20) days in advance of the end of the final month of rental.

Date of Storage rental begins: _____

Name: _____

Address: _____

Phone: _____

E-Mail:_____

ACCEPTED BY: _____ DATE: _____
Lessor

Main Street South

MONTH-TO-MONTH PARKING RENTAL AGREEMENT

The Lessee(s), _____ agrees(s) to the following conditions for the right to use Parking Stall **R-___** (Stall number).

1. Monthly rent in the amount of **$60.00 un-energized, $75.00 for energized parking stalls** will be due and payable along with Condo fee which will be paid by ____ Pre –Authorized Debit or _____Cheques.

2. The Lessor of the above parking Stall shall not be liable for any damages or theft of property from said parking space, must follow the Bylaws with respect to Motor Vehicles (Bylaw #76).

3. The vehicle(s) to be parked in said parking space shall have current registration and insurance, as verified by **Lessor. Verified:** _____ **Plate #.**_____

4. The vehicle muffler and exhaust system must be in working order. Fluid leaks, such as oil and gas must be repaired promptly, and any leaks cleaned up promptly.

5. There shall be no oil changes or engine work performed in said parking space.

6. The vehicle owner is responsible for any damage to the building or concrete pavement.

7. This agreement shall remain in effect until either Lessee or Lessor gives written notice of termination, at least twenty (20) days in advance of the end of the final month of rental.

Date of Parking Stall rental begins: _____

Name: _____

Address of property: #_____ - 5005/5065 31 Ave, Edmonton_____

Phone: _____

E-Mail:_____

Signature of Renter: _____ DATE: _____

Accepted By: _____ DATE: _____

Property Manager: _____

MAIN STREET SOUTH CC#922 3110

PET POLICY & APPROVAL REQUEST FORM
ALL OWNERS/TENANTS MUST COMPLETE

Owner(s) Name:_____ Suite #: _____

_____ _____ _____

Home # Work # Cell #

- Pet Owners, please complete the following and return to Property Management Company.

DATE: _____ _____

SIGNATURE OF OWNER(S) and TENANT

PET REGISTRATION & PET APPROVAL REQUEST

Pursuant to Bylaw 59 of the Main Street South (CC#922 3110) registered Bylaws, no owners may keep an animal of any kind within a suite without the written approval of the Board. The Board reserves the right to reasonably refuse any pet(s).

- I/We hereby certify that I/we have read the Bylaws and agree to abide by the Condominium Corporation pet rules and regulations and the City of Edmonton Pet Ordinances.
- The Pet(s) may not exceed 13" at the shoulder when full grown. Maximum of 2 pets.
- **A current photo of my/our dog or other type of pet is attached**. The Condominium Corporation may request to take a picture of the pet at their discretion.
- Fines are assessed for unapproved and unregistered dogs and other types of pets and pet violations.

Pet Information

PET #1 Dog ( ) - Male ( ) Female ( ) Cat ( ) - Male ( ) Female ( ) Bird/Fish - _____	**PET #2** Dog ( ) - Male ( ) Female ( ) Cat ( ) - Male ( ) Female ( ) Bird/Fish - _____
Pet's Name _____ Breed _____	Pet's Name _____ Breed _____
Color _____ Age/Height _____	Color _____ Age/Height _____
Picture Attached ( )	Picture Attached ( )

The above noted pet(s) are approved this_____day of_____, 20____providing the information provided is accurate to the best of your knowledge, the pet owner abides by the Pet Policy and Bylaws, and the pet(s) does not exceed the 13" at shoulder height when full grown.

Property Manager:_____Date: _____

Main Street South Condominiums – Tenants Receipt of Bylaws

To: Board of Directors

Unit # _____

Address: _____

In consideration of the attached application to lease unit #_____ at Main Street South Condominiums, please be advised of the following:

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

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

Date: _____, 20____.

Signature: _____
Tenant

Signature: _____
Tenant

Main Street South – Suite Renovation/Alteration Form

Date of Application: _____

NAME: _____
ADDRESS: _____
PHONE: _____
Interior Enhancement: _____

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

If the flooring being installed is an engineered/laminate floating floor, the insulation needs to have a FIIC impact rating of a minimum 60 to avoid any disturbance to adjacent suites. A further recommendation for sound barrier would be an FIIC rating of 80.

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:
_____
_____

Main Street South

Unit Alteration/Renovation Application Third Party Agreement

IMPORTANT:

Buildings constructed prior to 1991 may have used construction material containing ASBESTOS. Prior to approval of this Unit Alteration/Renovation application, samples of materials such as drywall tape/mud, ceiling textures and vinyl floor tiles and sheeting must be taken from all intended renovation areas and submitted to a licensed testing facility for evaluation. If results are positive for ASBESTOS content then all required abatement codes and practices must be adhered to as per Alberta's Occupational Health and Safety (OHS) Code and Guidelines.

More information on this may be obtained from https://www.alberta.ca/alberta-asbestos-abatement-manual.aspx

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

ADVISORY: Buildings constructed prior to 1990 may have used building products containing asbestos. This was very common in many products. Please exercise caution when renovating. More information about asbestos and the products containing asbestos can be obtained at http://environment.gov.ab.ca/info/library/7635.pdf

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)

Condominium Plan No. 922 3110
MAIN STREET SOUTH
5005 & 5065 – 31 Avenue, Edmonton

VISITOR PARKING POLICY

BYLAW #75
(b) "Visitor Parking Areas" A visitor may only park his motor vehicle in those areas designated by the Board for such visitor parking. Owners and Tenants shall not park in the visitor parking areas.

All vehicles parked in Visitor Parking shall display a valid *Main Street South Parking Tag*.

The vehicle shall belong to a visitor of a resident.

Residents are prohibited from parking in Visitor Parking and Handicap Stalls.

Vehicles belonging to a Resident will be automatically tagged and towed with no further notice.

Any vehicles not displaying the valid Main Street South Parking Tag may be automatically tagged and towed with no further notice.

HOW TO ACQUIRE AN MAIN STREET SOUTH PARKING TAG
- Contact the Property Management Company.
- ONE (1) *Main Street South Parking Tag* will be distributed to the Suite Owner; however the suite owner shall provide proof of his/her vehicle (vehicle registration) along with their picture identification.
- All tags are registered to the Suite Owner.
- If the suite is rented, the suite owner shall provide a copy of the vehicle registration(s) of their tenants.
- Residents found to be parking in Visitor Parking will be fined $200.00 per incident and will be towed.
- If a tag is lost or stolen, the Suite Owner shall advise the property management company immediately. Failure to do so may result in a fine against the suite owner.
- Replacement tags are available at a cost of $50.00.

Visitor Parking is monitored and will be strictly enforced by the Board of Directors and towing company.
If you find your vehicle has been towed, please contact Cliff's Towing at 780-467-2600.

CONDOMINIUM CORPORATION NO. 922 3110
O/A Main Street South

VISITOR PARKING TAG – REGISTRATION FORM

SUITE #:_____ BUILDING #: 5005/5065 - 31 Ave. DATE: _____

SUITE OWNER NAME(S): _____

TENANT NAME(S): _____

VEHICLE #1 – MAKE / MODEL / COLOR: _____

LICENSE PLATE NUMBER: _____ LAST 8 DIGITS OF VIN: _____

VEHICLE #2 – MAKE / MODEL / COLOR: _____

LICENSE PLATE NUMBER: _____ LAST 8 DIGITS OF VIN: _____

VEHICLE #3 – MAKE / MODEL / COLOR: _____

LICENSE PLATE NUMBER: _____ LAST 8 DIGITS OF VIN: _____

OFFICE USE ONLY:

NEW or CHANGE (circle 1)

VEHICLE #1: VERIFIED:

_____

VEHICLE #2: VERIFIED:

_____

VEHICLE #3: VERIFIED:

_____

RELEASE/APPROVAL DATE: _____ INITIALS: _____ TAG #:_____

TAG 2#_____, $50.00 DEPOSIT PAID ON _____ INITIALS: _____

DATE RETURNED: _____ DEPOSIT MAIL BACK ON: _____

INITIALS: _____

MAIN STREET SOUTH

PROPERTY 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: _____

_____

_____

_____