AYRE & OXFORD INC
PROFESSIONAL REAL ESTATE MANAGEMENT
EST 1995
ACCREDITED MANAGEMENT ORGANIZATION (AMO®)

Royal Oak Tower Condominiums

Welcome

to your new home at Royal Oak Tower Condominium!

You will find some important forms and contact information in this package. Please ensure that all applicable forms are submitted to the Administrative Assistant for your property as quickly as possible. Please also ensure you have read and understand your Corporation Bylaws.

Please keep this package handy for contact and information purposes.

Royal Oak 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 .

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

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Telephone (780) 448-4984 • Fax (780) 448-7297
www.ayreoxford.com

Royal Oak

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.

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NOTICE OF INTENTION and APPLICATION TO RENT/LEASE
Royal Oak – Condominium Plan No. 842 1517

1. We,_____ as owner(s) of

Unit Number _____, intend to rent/lease the unit to:

_____
(Name(s) 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 mailing 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 53, 54, 56 of the Condominium Property Act and we have provided the tenant with a copy of the Corporation's Bylaws.

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 (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

_____

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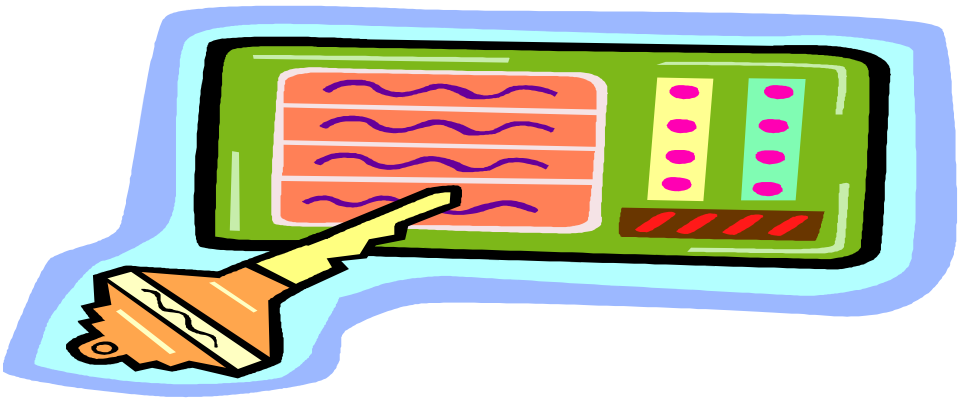
Intercom Update

Royal Oak Condominiums

☐ Resident Update OR

☐ Telephone Number Update



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

Unit #_____

Dial Code_____

Name to be Displayed or "Occupied" _____

Phone Number (Must be a local number)_____

Date Completed_____

_____ _____

Printed Name **Signature**

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Unit Alteration/Renovation Application
Royal Oak Tower

Date of Application: _____

NAME: _____

ADDRESS:_____

PHONE: _____

Interior Enhancement: _____

DESCRIPTION OF PROJECT(S) –

_____

_____

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):

_____

_____

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: _____

_____

_____

Unit Alteration/Renovation Application Third Party Agreement
Royal Oak Tower

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

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)

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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: _____

_____

_____

_____

SCHEDULE "B"

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PARKING STALL AGREEMENT

THIS AGREEMENT is made this _____day of _____, 20____

Between: ROYAL OAK TOWER PLAN NO. 842 1517

And: _____ Owner ☐ Tenant ☐ (Check applicable)
Resident's Name

_____
Resident's address, including Suite number

1. The Lessor hereby leases Parking Stall No._____ to the Lessee on a month-to-month basis, commencing on

   Date: _____

   Tenants - A Remote & Key deposit is required of $125 refundable ONLY to THE OWNER OF THE UNIT (if these have not been issued by the owner), when they are returned to Ayre & Oxford Inc.

2. The Lessee shall pay to the Lessor the rent of **$50.00** per month for an underground parking stall and **$30.00** per month for an aboveground parking stall, due and payable on the first day of each and every month during the term of this Lease by cheque or money order. Please note that a parking pass will not be issued unless payment is received.

3. The Lessor may revise the rent at any time upon giving 30 (thirty) days written notice to the Lessee. The Lessor may reassign the parking stall during the term of this agreement upon 7 (seven) days notice. The Lessee agrees that the Lessor shall be entitled to temporarily restrict or remove access to or use of the Parking Stall, upon giving the Lessee 24 (twenty-four) hours notice. Should such access be removed or restricted, the Lessor assumes no liability for any loss, theft, injury or damage suffered by the Lessee or caused to his property.

4. The Lessor shall not be liable for death or injury, or damage to property of the Lessee or the loss of or damage to any property of the Lessee or others by theft or otherwise, from any cause whatsoever, including negligence, misconduct, acts or omissions of the Lessor. Without limiting the generality of the foregoing, the Lessor is not liable for any injury or damage to any person or property resulting from fire, explosion, falling plaster, steam, gas, electricity, water, rain, snow, or leaks from any part of the area in which the Parking Stall is located or from the pipes, appliances, or from the roof, street, or sub-surface or from any other place by dampness or by any other cause of whatsoever nature.

5. The Lessee shall not assign this Lease or sublet the Parking Stall to any other person.

6. The Lessee agrees to use his assigned Parking Stall only for use as outlined in the Condominium Bylaws. No goods, materials, chattels or other property shall be stored which would violate any law or ordinance now or hereafter in force or which would violate the provisions of any insurance policy or result in any increase in the insurance costs of the Lessor.

7. The Lease may be terminated at any time, by either party giving 30 (thirty) days written notice.

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____

Lessee: Print Name: _____ Signature: _____Date: _____

Lessor: Property Manager_____ Date: _____