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.

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Royal Oak Condominiums

Alberta Treasury Branch Pre-Authorized Chequing
Authorization for Debit Transfer

Building: _____ Unit:_____

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) _____

1. New Pre Authorized Plan? ____Yes ____No
2. Bank Information Change? ____ Yes ____No

I, _____; Hereby authorize Alberta Treasury Branch (ATB) and:
Ayre & Oxford Inc.
#203, 13455 – 114 Avenue
Edmonton, Alberta T5J 3M1 Telephone: (780) 448-4984

To transfer monies in the amount of the monthly condominium fees from my account at the following location: Please note outstanding balances CAN NOT be paid thru Pre-authorized and must be paid by either cheque/money order or Condo Café)

Financial Institution Name_____
Address: _____
City: _____Province:_____PostalCode:_____
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 (10) days' notice. 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 24th 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: _____ 1, 20___ **(We must receive this form by the 24th of the month before the commencement date.)**

Witness: _____Signature:_____Date:_____

Please send completed form to receivables@ayreoxford.com

A VOID CHEQUE/BANK CONFIRMATION MUST BE ATTACHED

AYRE & OXFORD INC.
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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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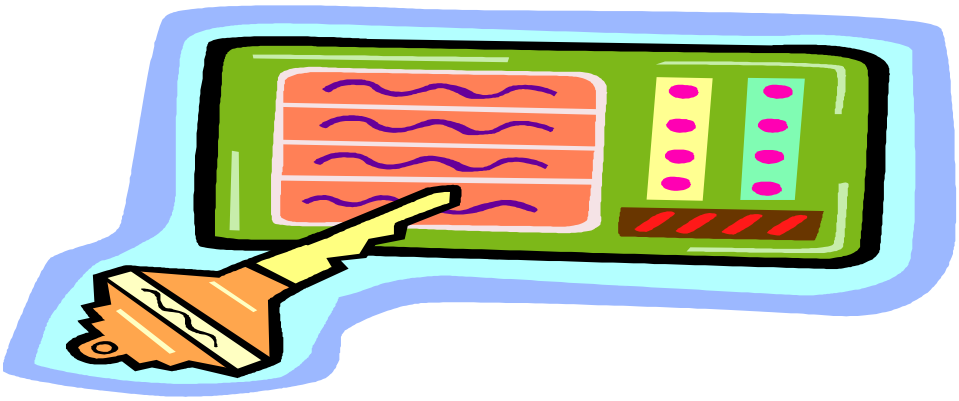
Intercom Update

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: _____
_____

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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: _____

_____

_____

_____

_____

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