



# Willow Ridge

## **Welcome** *to your new home at Willow Ridge*

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.

**Ayre & Oxford Inc. Property Management**  
**Contact Information**  
Suite 203, 13455 - 114 Avenue  
Edmonton AB, T5M 2E2

**Ph: 780.448.4984 ~ Fax: 780.448-7297**

**CONDOMINIUM PROPERTY MANAGER, ASSOCIATE**  
**Amanda Edwards**  
E-mail: [aedwards@ayreoxford.com](mailto:aedwards@ayreoxford.com)  
780-448-4984 Ext. 349

**ADMINISTRATIVE ASSISTANT:**  
E-mail: [admin5@ayreoxford.com](mailto:admin5@ayreoxford.com)  
780-448-4984 Ext. 340

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

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## **1. Move in's / outs etiquette:**

- a. No driving on the grass or moving through patios.
- b. Moving household goods in / out should be done with safety and courtesy. Any damages incurred will be the responsibility of the unit owner.

## **2. Access & keys**

- a. Suite and mailbox locks/ keys are owner responsibilities to replace / maintain.

## **3. Emergencies**

- a. If there is a police / fire or medical emergency, call **911**.
- b. Report incidents requiring immediate action to Ayre & Oxford Inc.
- c. Non emergency reports should be made to Property Management the following business day for record purposes.

## **4. In-Suite Emergencies**

If you have a flood or a similarly urgent issue which requires immediate assistance, please report these incidents first to maintenance staff directly, or if more applicable, the after-hours emergency staff using the **after-hours emergency line: 780.499.8424**. **Please remember: IF** the situation may impact your neighbors, management needs to know about it immediately.

## **5. Maintenance Personnel**

Your Condominium Corporation employs regular maintenance personnel, ensuring that you have someone familiar with your property to address any site emergencies and complete a regular maintenance checklist. Kindly note that outside of regular business hours, a rotating after-hours emergency staff is available to assist you, however they are paid overtime rates when called.

The Condominium Corporation will always pay the staff for their time on-site, but please keep in mind that many concerns in 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 your onsite staff or the management office directly. **All non-urgent reports should be made via email or phone to the office for record purposes.**

## **6. Noise and disturbance:**

Daily living and its associated noises are expected and suggested to remain from 8am to 9pm. Outside of this timeframe should be quiet hours.

- a. Parties or activities beyond 9pm should be conducted with due respect to your neighbors.
- b. Owners with complaint regarding noise in a unit after hours are asked to call the police and report it to Ayre & Oxford the next business day. Please document the date / time and nature of the complaint with as much details as possible.

## **7. Renovations and repairs:**

- a. Construction in units is to be between 8am to 5pm Monday through Saturday.
- b. If you are planning a renovation you are asked to contact building management prior to commencement for guidelines and they will provide permission. This also applies to moving plumbing or electrical fixtures from one location to another.
- c. Unapproved renovations are subject to removal.
- d. If you are upgrading / renovating, please ensure your insurance is adjusted to reflect coverage on all items that are not remaining "builders' grade".
- e.

## **8. Home based business:**

Please make your request in writing to the Building Management for approval by the Board. Approval will not be given to business which requires public attendance in the building.

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## **9. Air conditioners:**

Air Conditioners must be approved by the Board. Please submit written requests to Management with all specifications. Air conditioners cannot be mounted to hang outside of windows and must be fully inside your unit. They cannot alter the building in any way or cause excessive noise outside your unit that may disturb neighbors.

## **10. Heating:**

In the winter please make sure your heat is on. Do not leave any windows or patio doors open when you are not around. If you do need to open a window please monitor it closely as there have been problems with pipes freezing when there is a change in temperature. Damage done to your suite and other suites, as a result of frozen pipes that burst, as a result of negligence on the part of the resident or owners of the suite, is the responsibility of the owner and/or resident of that suite.

## **11. Pets:**

Pets, including visiting pets require approval of the Board. You will find a pet approval Form included in this package. Please also refer to the Corporation bylaws.

## **12. Insurance:**

It is mandatory that all owners and tenants if renting have proper condo insurance. A copy of the insurance documents must be presented to the management company for their records.

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.

## **Guidelines for enjoyment and use of Common Areas**

### **1. For sale / rent signage:**

Signs cannot be placed on the common property or surrounding grounds of Willow Ridge without prior approval from the Board.

### **2. Rental Units:**

If you intend to rent your suite, please notify Ayre & Oxford Inc within 21 days of the Rental and provide details of the tenants. You will find a notification form attached for your reference.

### **Maximum rental deposit**

*74.2(1) For the purposes of section 53 of the Act, the maximum rental deposit that may be charged is prescribed to be \$1000 or one month's rent, whichever is greater.*

*(2) Despite subsection (1), any rental deposit that is greater than the amount prescribed in subsection (1) that was collected from an owner by a corporation before January 1, 2020 may be retained until the owner gives written notice that the owner's unit is no longer rented.*

### **3. BBQ's :**

Please ensure all BBQ's are kept away from the siding as it could melt. Any damage to the outside of the building from BBQ's is the responsibility of the owner or residents of the damaged suite.

### **4. Visitors Parking:**

- a. The visitors' parking is for guests of residents only. Please note that if your guest is staying for an extended period, please advise Ayre & Oxford Inc.

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### **Thinking of selling?**

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

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# **WELCOME TO YOUR NEW HOME**





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## ***Willow Ridge*** **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](mailto: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 TO RENT/LEASE Willow Ridge 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. 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.

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.

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.

DATED at Edmonton this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

8. The maximum rental deposit that may be charged is prescribed to be \$1000 or one month's rent, whichever is greater.

SIGNATURE OF OWNER SIGNATURE OF CO-OWNER

\_\_\_\_\_  
\_\_\_\_\_

Attachments: Rental Deposit, Proposed Rental Lease Agreement, signed bylaw received. Tenants insurance certificate

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## **Willow Ridge Cease to Rent**

To: Board of Directors for Willow Ridge

Unit #: \_\_\_\_\_

I / We \_\_\_\_\_

Cease to rent the aforementioned suite effective: \_\_\_\_\_ date.

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My/Our mailing address for future correspondence is:

\_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

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

☐

Mail to the above noted address.

☐

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

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**FOR OFFICE USE ONLY**  
**RETURN OF RENTAL DEPOSIT CHEQUE REQUEST**

PROPERTY: \_\_\_\_\_

PAYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

NOTES: \_\_\_\_\_



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**Tenants' Receipt of Bylaws –Willow Ridge**

To: Board of Directors: Willow Ridge Condominiums

Unit # \_\_\_\_\_

Address:\_\_\_\_\_

In consideration of the attached application to lease unit #\_\_\_\_\_ at Willow Ridge, please be advised of the following:

I / We \_\_\_\_\_  
have received a copy of the Corporation bylaws, for review.

I / We \_\_\_\_\_  
agree to undertake the bylaws.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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## **Willow Ridge Alberta Treasury Branch Pre-Authorized Chequing Authorization for Debit Transfer**

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) \_\_\_\_\_

### **CIRCLE YES or NO**

- 1. New Pre Authorized Plan for Ayre & Oxford Inc.? YES NO**
- 2. Bank Information Change (If Applicable)? YES NO**

I, \_\_\_\_\_; Hereby authorize Alberta Treasury Branch (ATB) and:

**Ayre & Oxford Inc.  
#203 13455 – 114 Avenue  
Edmonton, Alberta T5M 2E2 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/Rent Cafe)**

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 (ten) 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 24<sup>th</sup> 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 24<sup>th</sup> of the month before the commencement date.)**

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A VOID CHEQUE or BANK CONFIRMATION MUST BE ATTACHED**

Please fill in this form and email it to [receivables@ayreoxford.com](mailto:receivables@ayreoxford.com) Thank you.

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***Willow Ridge – Suite Renovation/Alteration Form***

Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Is this an Interior Enhancement: Y / N \_\_\_\_\_

**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, including 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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### **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)