

University Place

Welcome *to your new home at University Place*

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

**Suite 203, 13455 – 114 Avenue NW
Edmonton AB, T5M 2E2**

Ph: 780.448.4984 ~ Fax: 780.448-7297

SENIOR CONDOMINIUM MANAGER, ASSOCIATE:
Sandra Hoffman
E-mail: sandra@ayreoxford.com
780-448-4984 Ext. 351

ADMINISTRATIVE ASSISTANT
E-mail: admin7@ayreoxford.com
Ext. 306

MAINTENANCE STAFF
Terry Moravec
780-920-9700

AFTER HOURS EMERGENCIES
780-499-8424

AYRE & OXFORD INC.

Professional Real Estate Management
Accredited Management Organization®(AMO®)

University Place Contact Information

Suite No.: _____

OWNER INFORMATION

Owner Name: _____

Address: _____

SEND MAIL TO CONDO ADDRESS? Circle YES or NO -If you circled no, please enter mailing address below

Address: _____

_____ Province _____ Postal Code _____

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

E-mail: _____

****Anti-Spam Email Legislation Consent:** By providing my email address I am granting permission for Ayre & Oxford Inc. to email me for communication purposes related to the property. To remove consent, please notify our office requesting removal of your email from our system.**

Emergency Contact/Agent: _____

Emergency contact daytime phone: _____ Evening phone: _____

OWNER OCCUPIED UNIT Please circle YES or NO (if you circled no please complete the section below)

RESIDENT INFORMATION, (if different from Owner):

Name(s): _____

Daytime phone: _____ Evening phone: _____

CARS OWNED OR USED BY OWNER/RESIDENTS which are parked at or near the condominium:**Car #1.**

Parking stall location & number: _____

Make: _____ Model: _____

Color: _____ License Plate Number: _____

Car #2.

Parking stall location & number: _____

Make: _____ Model: _____

Color: _____ License Plate Number: _____

INTERCOM: (local number only)

Name: _____ Phone Number: _____

Signature: _____ **Date:** _____

The information requested is for our records only. In order to ensure confidentiality to all tenants, site staff has been instructed not to provide personal information contained in our files. **Once completed, please sign and return the form attention to e-mail admin7@ayreoxford.com.**

NOTICE OF INTENTION TO RENT/LEASE
University Place Condo Corporation #022 5211

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 Bylaws. 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 53-57 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 ____.

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

Tenants receipt of Bylaws – University Place

To: Board of Directors: University Place Condominiums

Unit # _____

Address: _____

In consideration of the attached application to lease unit #_____, 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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Cease To Rent – University Place

To: Board of Directors: University Place

Unit # _____

Address: _____

I / We _____

Cease to rent the aforementioned suite effective: _____ date.

Date: _____

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Witness Signature: _____

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**University Place
PET REGISTRATION**

The Owners: University Place

Unit Owner: _____

Unit Address: _____

I hereby request permission to keep in the aforementioned described condominium unit a pet of the following description (**Note:** Please submit a photograph with this application.):

Common Name:

Breed: _____

Approximate Size: _____

Color: _____

Age: _____

Up to date immunization shots: Yes _____ No _____ (check one)

Other Description:

In consideration of this permission being granted I agree:

1. That at all times when this animal is not in the Unit, or contained in the privacy area, it shall be kept on a leash while coming to or leaving the property.
2. That I will pay immediately for any damage done by said animal to the common property or person.
3. That I will indemnify and save you harmless from any and all claims which may be against the Condominium Corporation by reason of the Condominium Corporation permitting me to keep said animal in my Condominium Unit.
4. That permission granted by the Board of Directors on behalf of the Condominium Corporation may be revoked at any time, at the Board of Director's discretion.
5. That I shall not permit my animal to run at large on any part of the property.
6. Continual barking is acknowledged as disturbing the quiet enjoyment of Condominium Owners, and the Condominium Corporation has the right to withdraw approval of pets that are deemed to be a problem.
7. Animals are not allowed to defecate and if so it is the Owners responsibility to remove immediately.

Per Unit Owner _____

Per Unit Owner _____

Permission to maintain the above described animal, subject to the Condominium Bylaws and aforementioned conditions, is hereby granted.

Dated this _____ day of _____, 20____. Per: _____ (Property Manager)

on behalf of The Owners: University Place

Intercom Update

University Place



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

The system works by using a 4 digit number assigned to your suite which has to be entered by your guest, which then activates your home telephone or your cell phone. You may allow your guest access to the building by pressing "9" on your phone pad. *Please note that the main doors lock down from 9:30 pm-7 am and residents must go down physically to let visitors into the building during these hours.*

To activate your Intercom we require the telephone **or** cellular number ** you wish to use, along with your choice of either: your last name and initial or "Occupied" to be displayed on the intercom list.

Please fill out the following information and return it to admin7@ayreoxford.com or to the office at:

Ayre & Oxford Inc.
#203, 13455 – 114 Avenue NW Edmonton, AB T5M 2E2
Fax (780) 448-7297

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

Unit # _____

Owner/Tenant Name(s) _____

Display: Name or "Occupied" _____

Phone Number _____

University Place
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

- | | | |
|--|-----|----|
| 1. New Pre Authorized Plan for Ayre & Oxford Inc.? | YES | NO |
| 2. 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., #203, 13455-114 Ave; Edmonton, AB T5M 2E2, 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