



**FORM F / FORM B – INFORMATION REQUEST
OWNERS & REALTORS**

Please complete form and return to 604 REAL ESTATE SERVICES INC.

#501-601 West Broadway, Vancouver, BC V5Z 4C2 f: 604.689.0910 t: 604.689.0909 e: info@604realestate.ca

Order Date: _____ Strata Plan: _____ Strata Lot: _____ PID #: _____

Legal Description: _____

Civic Address: _____

Buyers: _____ Sellers: _____
(Registered Owner(s) Name(s) to be on Title)

Possession Date: _____ Completion Date: _____

Owner/Realtor (Please Circle): _____

Phone: _____ Fax: _____ Requested by (name): _____

Address: _____ Postal Code: _____

E-mail Address: _____

PLEASE INDICATE REQUESTED FORM(S) (with check mark below)

If your order is for a **Strata Corporation with Section**, please be advised 2 Form Bs, including all mandatory attachments, will be provided and charged (1 for each section).

REGULAR 7 DAYS: Form F – regular: \$15.00 + \$0.75 GST = **\$15.75** _____ Form B – regular: \$35.00 + \$1.75 GST = **\$ 36.75** _____

RUSH 3 – 6 DAYS: Form F – rush: \$45.00 + \$2.25 GST = **\$47.25** _____ Form B – rush: \$100.00 + \$5.00 GST = **\$105.00** _____

RUSH 48 Hours: Form F – rush: \$90.00 + \$4.50 GST = **\$94.50** _____ Form B – rush: \$200.00 + \$10.00 GST = **\$210.00** _____

All photocopies are \$0.25 pp

Financial Statements: _____ Bylaws: _____ Special Documents: _____

Council Minutes: _____
(Please specify dates for Council Minutes required)

Strata Plans may be obtained from the Land Titles Office ONLY

OWNER AUTHORIZATION: I hereby confirm that I am the registered owner or the authorized agent of the owner (listing agreement attached) and entitled to receive the documents ordered. I agree to pay the charges in full and understand that this order is **Non-Refundable**.

Authorized Signature

**You will be notified when documents are ready for pick-up.
Payment is to be made by cash or cheque at time of pick-up.
To email documents and e-transfer funds is an extra fee of \$10.00**

For Internal Use only

Account Balance: _____ Strata Fees: _____

Outstanding Assessments: _____ Insurer: _____

Contingency Fund: _____ Move-In Fee: _____

No. of Rentals _____