

SECTION F: FORMS

FORMS

F 1	Alteration Request
F 2	Owner/Resident Information
F 3	Summary of Lease or Renewal
F 4	Installation Request – Statement by Owner
F 5	Email Consent for FSR Communications

**For Official Use Only**

Alt. Request No.: _____

Date Received: _____

Ballantrae Golf & Country Club Residential Alteration Request Form

YRVLCC Number [Check One]: 968 1002 1066 1079 1193

Deposit in the FirstService Residential mail box located in the lobby of the Recreation Centre or email to ballantrae.community@fsresidential.com or mail to 2645 Skymark Avenue, Suite 101, Mississauga, ON L4W 4H2

Please use a separate Alteration Request for each item, attach drawings if necessary.

[Drawings are required for landscape changes.]

Name: _____

Address: _____

Phone: _____

Postal Code: _____

Email: _____

Model Home [Check One]:

Augusta Doral Castle Pines Grand Cypress Innisbrook Pebble Beach Pinehurst

Request (please print):

List Attachments:

Owner is to inform FirstService Residential (FSR) when work is completed and ready for inspection. Approvals expire six (6) months from date submitted if the work has not been started. FSR will acknowledge communication via phone/email and or letter within 10 business days, depending on the action required. Alterations must not begin until approval has been received in writing. I have read these details carefully and understand and agree with all conditions and restrictions.

Date: (mm/dd/yyyy) _____ Homeowner's Signature: _____

FSR/Board Response:

Approval: _____ Manager's Signature: _____ Date: (mm/dd/yyyy) _____



OWNER/RESIDENT INFORMATION FORM

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

CORPORATION:			
Address:		Postal Code:	
OWNER INFORMATION (Please Print Clearly)			
1. Owner's Name:			
		First Name	Last Name
Home Phone:		Cell:	Email Address:
2. Owner's Name:			
		First Name	Last Name
Home Phone:		Cell:	Email Address:
<p>We are required to obtain your consent to send electronic messages to you concerning your ownership of or tenancy in your unit, or that may contain commercial content. To provide us with consent to send you electronic messages, please check "Yes" in the box below. By checking "Yes" in the box below you also agree that you have been sufficiently served in accordance with Section 54 of the Ontario Condo Act of 1998, and provide us with consent to send you electronic messages as required under the act. If you check the "No" box below, you will only receive electronic messages of an emergency nature. You may unsubscribe from receipt of non-emergency electronic messages at any time. YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
ENTER-PHONE SYSTEM (Please print clearly)			
1. Enter-phone Name: (last name, first initial)			
Enter-phone Number:			
2. Enter-phone Name: (last name, first initial)			
Enter-phone Number:			
OCCUPANT / TENANT INFORMATION (Please print clearly)			
Occupant Names:	1.	Phone:	Email:
	2.	Phone:	Email:
	3.	Phone:	Email:
VEHICLE (Please print clearly)			
1. Vehicle Make:		Plate:	Year:
2. Vehicle Make:		Plate:	Year:
EMERGENCY CONTACT INFORMATION (Please print clearly)			
Please list the name of your emergency contact			
In case of Emergency Contact:		Name:	Relationship:
		Home:	Cell:
Dated this:	day of		
I,	Print Name	, certify that all the information above is correct.	



Condominium Act, 1998 - O. Reg. 49.01
SUMMARY OF LEASE OR RENEWAL
(Clause 83 (1) (b) of the Condominium Act, 1998)

CORPORATION NUMBER:					
ADDRESS:				Postal code	
LEASE / SUBLEASE / RENEWAL (Please print clearly)					
This is to notify you that an original lease, sublease or lease renewal (select one)					
Original Lease:		Sublease:		Renewal:	
Entered into for the following: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
TERMS					
Name of Individual Lessee(s) or Sub lessee(s)					
Name 1.		Email		Phone	
Name 2.		Email		Phone	
Name 3.		Email		Phone	
COMMENCEMENT DATE (MMM / DD / YYYY):					
EXPIRY DATE (MMM / DD / YYYY):					
Other Information:					

1. I (We) have provided the above-designated lessee(s)/sub lessee(s) with a copy of the declaration, by-laws and rules of the Condominium Corporation.
2. I (We) acknowledge that, as required by subsection 83 (2) of the *Condominium Act, 1998*, I (We) will advise you in writing if the above-designated lease/sublease/assignment of lease is terminated.
3. I (We) hereby certify that all information given above is correct.

Dated this:		day of		.	
Print Name of Owner			Signature		
Print Name of Owner			Signature		
<i>(In the case of a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation)</i>					
Address:					
Telephone:		Email:			

**York Region Vacant Land Condominium
Corporation No. 1066
Installation Request - Statement by Owner**

Name

Address

I am requesting approval for an Exterior Vent related to the installation of a

_____.

I have fully investigated all requirements for the installation of this

_____.

I am satisfied that the vent installation meets all of the following requirements:

- All technical and safety and inspection requirements;
- All appropriate Building Codes;
- All appropriate Municipal By-Laws;
- Maintains the Owner's Property Insurance in full force.

Date

Owner Signature



Ministry of Government
and Consumer Services

Agreement to Receive Notices Electronically

Agreement by owner or mortgagee to
receive notices from the corporation by
electronic delivery

Owner's or mortgagee's name (**Optional:** You may, but are not required to, include information with respect to the unit(s) or parcel(s) of tied land, related to this owner or mortgagee.)

Condominium corporation's name

In order for your condominium corporation to enter into this agreement, the board of your corporation must have passed a resolution to determine the methods of electronic communication that it will use for serving notices on owners or mortgagees. Before filling out this form, you should consider contacting the corporation to find out what those methods are.

Method the corporation will use to deliver notices to me:

☐ Email

My email address is

☐ Facsimile

My fax number is

☐ Other

☐ I agree that I am sufficiently served, as described in section 54 of the *Condominium Act, 1998*, if the corporation uses the method of delivering notices identified in this agreement.

Signature of owner or mortgagee

Date (yyyy/mm/dd)

Signature of individual on behalf of the
condominium corporation

Date (yyyy/mm/dd)

Signature of individual on behalf of the
condominium corporation

Date (yyyy/mm/dd)

Please affix the corporate seal or add a statement below that the person signing has the authority to bind the corporation.

Dated this _____ day of _____, _____
day of month month year