## REQUEST FOR FORM B (INFORMATION CERTIFICATE)

Please fill in the following information and fax to 604-893-1721. Thank you

CONTACT	T INFORMA	ATION					
Company			Compa	any Address			
						ax	
Email							
Current Owne	r's Name(s)						
	Strata Plan Strata Lot						
						xt business day. Plo	
7 Days Plus HST  □ \$39.20	6 Days \$10+HST	5 Days \$20+HST □ \$61.60	4 Days	3 Days	2 Davs	e of additional form 24 Hours \$75+HST \$123.20	*
	\$50.40				•		\$131.20
☐ Self Pick ☐ Email (\$5		Couries Charge) Email			ax (\$15 + HST S		
ADDITION	NAL REQU	ESTS (Please s	select as require	d)			
Mont Bylaws (\$ OTHER *  We gladly accept card in advance documents are r  If you wish to a	th of 510.00 + HST)  Please note: fee of cheques, cash, If paying by caready for pick up rrange for a couration in the box	es vary depending debit, or credit cash, please bring extier to pick up the	on request rds. Please be adact change, as we	vised that paymer do not have cash	nt is due upon rece on the premises.	riths (\$20.00 + History Year  Property of invoice unletwee will notify you mail or fax, please ready for pick up, 2	ess paid by credit u when complete all the
	fax back to: 604 Credit Card Nu Expiration Dat	1-893-1721. Your cred	CVV Code	(Located on back o	of card)	he information below	and
	Cardholder Sign	nature			Date		
To obtain d			ners must sign	below or a cop		contract must b	e provided.
					of		
to obtain any a	and all of the ab	oove requested in	ntormation/docu	iments.			
Signed Date			Nan	ne (Please Print)	):		

If you have any questions, please contact Lian at (604) 685-3227 ext. 102 or email: lian@awmalliance.com

Fax: (604) 893-1721