

Date:

No. of pages including cover sheet:

No:

Original to follow: Yes \_\_\_\_\_

## FAX MEMORANDUM

TO: Chappelle Gardens Residents Association	FROM:	
	First Name:	
Phone: 780-705-1815	Surname:	
Fax: 780-756-1169	Firm:	
Email: accounts@chappellegardensra.ca	Phone:	
	Fax:	

**RE:** Request for Fee Information for the property noted below:

Current Owner:				
Legal Description:				
Civic Address:				
Purchasers Name:				
Purchasers Phone#:		Purchasers Email:		
Possession Date:				
Requested by:		Signature:		
Office Use Only:				
Current Residents Asso	ociation Fee:	(incl. GST)		
Fiscal Year:	January 1st - December 31st			
Paid:	(incl. GST)	Outstanding:	(incl. GST)	

If you are the <u>Purchaser's Lawyer</u>, CGRA needs you to fax their <u>Certificate of Title</u> when the sale is complete. Thank you.