



CRANSTON Residents Association

FAX MEMORANDUM

Date: _____

No. of pages including cover sheet: _____

Original to follow: Yes ___ No ___

Please Note: Incomplete requests will not be processed. Please complete all information and fax or email your request.

TO: Cranston Residents Association

Phone: 403-781-6614

Fax: 403-781-6655

Email: sales@cranstonresidents.ca

Please cc to: Lrobinson@cranstonresidents.ca

FROM:

First Name

Surname

Firm Name

Phone:

Fax phone:

REMARKS: Urgent For your review Reply ASAP Please comment

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

*** Current Owner:**

***Legal Description:**

***Civic Address:**

Current Resident's Association Fee: \$ *(incl. GST)* **Fiscal Year: Apr.1st to Mar.31st**

Paid: *(incl. GST)* **Outstanding:** *(incl. GST)*

***Purchasers Name:**

***Purchasers Phone #:** **Purchasers Email:**

***Possession Date:**

***Requested by (signature):**

If you are the Purchaser's Lawyer the CRA needs you to fax their Certificate of Title when the sale is complete. Thank you.