

GENEDCO SERVICES LIMITED
P.O. Box 727, 319 Division St.
Cobourg, ON K9A 4R5

STATUS CERTIFICATE REQUEST

Date of Request: _____ Payment Received Yes No

Requested By: _____ Phone: _____

Condominium Address: _____ Corporation # _____

Purchaser: _____

Closing Date: _____

Vendor/Lawyer: _____

Name & Phone # of Person to Pick Up _____

This section completed by Account Administrator

Residence: Legal Level: _____ Unit: _____ Res. monthly fee _____

Parking: Legal Level: _____ Unit: _____ Pkg. monthly fee _____

Locker: Legal Level: _____ Unit: _____ Lkr. monthly fee _____

TOTAL Common Element Fees: _____

A/R: _____

Lien Registered: Yes No

Special Assessment: Yes No

Reserve Fund Balance: _____ as of _____

Budget Deficit Yes No

Date phoned for pick up _____

Picked up by: _____ Date: _____

(Please Print)

Signature