

NWS 2912 FOB REQUEST

UNIT #: _____ BUILDING : **MAYFAIR GARDENS**

OWNER NAME: _____
(Please print in ALL CAPS)

EMAIL: _____ PHONE #: _____

**YOU MUST PROVIDE THE SERIAL NUMBERS OF THE FOBS YOU HAVE ON HAND.
FOBS NOT LISTED MAY BE DISABLED**

1. _____ 2. _____ 3. _____ 4. _____

Please put a check mark beside the appropriate request

_____ **ADDITIONAL** door access fob at a cost of \$100.00 each.

_____ **REPLACEMENT** door access fob \$100.00 each (when old fob is returned for discount)

Please indicate the form of payment.

_____ I would like to pay by cash or E-transfer

_____ I have attached a cheque (cash can only be accepted in person by a council member)

_____ I would like my account debited

1. _____ I/We hereby authorize Advantage Property Management, and the financial institution designated to debit my/our account with the next regular strata fee withdrawal following the first day of _____, 20__ a one-time payment of **\$100.00** .

2. _____ I/We hereby authorize Advantage Property Management and the financial institution designated to debit my/our account with the next regular strata fee withdrawal following the first day of _____, 20__ a one-time payment of **\$100.00** for a **REPLACEMENT** fob (old fob must be returned). Surrendered fob # _____

Payor Signature _____

Date: _____

By signing this form, I confirm all information to be true. I also confirm that I have read and understand the Bylaws and rules and I will comply with them.

Signature

Date

Strata Council Only FOB ISSUED _____