



THE ORCHARDS

ORCHARDS RESIDENTS ASSOCIATION

Request for Fee Information

Date: \_\_\_\_\_

<b>To:</b>	<b>Orchards Residents Association</b>	<b>From:</b>	_____
	<b>4059 Orchards Drive SW</b>	<b>Firm:</b>	_____
	<b>Edmonton, AB</b>		_____
	<b>T6X 1W5</b>		_____
<b>Email:</b>	<a href="mailto:ambassador@orchardsra.ca">ambassador@orchardsra.ca</a>	<b>Email:</b>	_____
<b>Phone:</b>	<b>587-525-9640</b>	<b>Phone</b>	_____
<b>Fax:</b>	<b>780-244-2195</b>	<b>Fax:</b>	_____

**Property Information**

**Current Owner(s):** \_\_\_\_\_

**Purchaser(s):** \_\_\_\_\_

**Purchaser(s) Phone Number(s):** \_\_\_\_\_

**Purchaser(s) Email(s):** \_\_\_\_\_

**Legal Description (Plan, Block, Lot):** \_\_\_\_\_

**Civic Address:** \_\_\_\_\_

**Possession Date:** \_\_\_\_\_

**Requested by (signature):** \_\_\_\_\_

**ORA Fee Information**

*(to be completed by Orchards Residents Association)*

**Residents Association Fee:** \$ \_\_\_\_\_ (incl. GST) **for the year (current year):** \_\_\_\_\_

**Fiscal period: January 1 to December 31**

**Paid:** \$ \_\_\_\_\_ (incl. GST)

**Outstanding:** \$ \_\_\_\_\_ (incl. GST)

**Completed by:** \_\_\_\_\_  
(Print name) (Signature) (Date)