CANNON GRECO MANAGEMENT LIMITED
50 William Street, St. Catharines, ON L2R 5J2
Fax # 905-687-8121 Phone # 905-687-6933

STATUS CERTIFICATE PACKAGE REQUEST FORM

Date: _____

Property Address: _____ Unit # _____

City: _____

Buyers Name: _____

Sellers Name: _____

Closing Date: _____

Please Check One: 10 days for $100.00 _____

OR

5 days for $150.00 _____

PAYMENT TO BE MADE BY CASH - *" NO DEBIT MACHINE ON-SITE"*

OR

CHEQUE - MUST BE FROM THE LAW FIRM OR REAL ESTATE BROKER

Contact Information for pickup:

Name: _____

Company: _____

Address: _____

City: _____ Postal Code: _____

Telephone # : _____

Office Use Only

Status Certificate Payment: Paid: _____ OR Unpaid: _____

CEF: _____
Arrears: _____
RF/TD _____
RF/YE _____
RF/ALLOC _____
CLOSING FUNDS _____

P.A.P.: _____
YARDI: _____
BOOK: _____