



1650, 736-6TH Ave SW
Calgary, AB T2P 3T7
Tel.: 403-237-0477
Fax: 403-233-2506

ESTOPPEL CERTIFICATE REQUEST FORM

Date of Request: _____

Condominium Address: _____

Condominium Plan No.: _____

Unit No.: _____

Current Owners: _____

Purchase/Sale or Refinancing (circle one)

New Owner(s) (if purchase/sale): _____

Phone Number: _____

Will be living onsite or offsite (circle one)

If offsite, mailing address:

Closing Date: (if Purchase/Sale) _____

Requested by: _____

Address: _____

Phone No.: _____

Date Required By: _____

Estoppels are ready within 1 week of request or after the fees for the month are cleared.

Rush orders are priced for pick up within 2 days of request.

We will call you for pickup and payment upon completion of the Estoppel.

Please make all cheques payable to Amhurst Property Management Ltd.

Payment due upon delivery of certificate – CASH OR CHEQUE ONLY