



CRANSTON Residents' Association

FAX MEMORANDUM

Date: _____

No. of pages including cover sheet: _____

Original to follow: Yes ___ No ___

Please note : Incomplete requests will not be processed. Please complete all information and fax your request.

TO: Beth Draper

Cranston Residents Association

Phone: (403) 781-6614

Fax: (403) 781-6614

Please cc to: _____

FROM: _____

Phone: _____

Fax phone: _____

REMARKS: Urgent For your review Reply ASAP Please comment

RE: Request for Fee Information for the property noted below:

*** Current Owner:**

***Legal Description:**

***Civic Address:**

Current Resident's Association Fee: \$ (incl GST) **Fiscal Year: Apr.1st to Mar.31st**

Paid: \$ (incl GST) **Outstanding:** (incl GST)

***Purchasers:**

***Possession Date:**

***Requested by (signature):**