



LUDGATE MANAGEMENT SERVICES INC.

CONDO FEE PAYMENT CANCELLATION

This form must be received by the Condo Management office at least 10 days in advance of the next payment that is due. The Payee is not responsible for cancellations that cannot be processed due to receipt of notification that is less than 10 days.

PAYOR INFORMATION

Name (Last, First): _____

Mailing Address: _____

Telephone: _____

Email Address: _____

UNIT INFORMATION

OCSCC #: _____

Unit: _____

Condo Address: _____
(if different from Mailing Address)

CANCELLATION DETAILS

I / We pay the monthly condo fee by: Cheque Pre-authorized debit

The reason for cancellation is: I / We have sold the unit and the closing date is: _____
 Other: _____

I / We acknowledge that this cancellation does not terminate any other obligation that I / We may have with the Payee.

Signature: _____ Date: _____