



LUDGATE MANAGEMENT SERVICES INC.

STATUS CERTIFICATE REQUEST

OCSCC #: _____

Unit #: _____

Legal Property Description: _____

Today's Date: _____

Closing Date: _____

PURCHASER INFORMATION

Purchaser Name: _____

Telephone: _____

Email Address: _____

SOLICITOR'S INFORMATION

Solicitor's Name: _____

Telephone: _____

Email Address: _____

CERTIFICATE BEING REQUESTED BY

Name: _____

Telephone: _____

Email Address: _____

You will be contacted once the Status Certificate package is ready for pick up.

\$100 (pick up within 10 working days)

\$200 (pick up within 5 working days)

Signature: _____ Date: _____