



THE ORCHARDS

ORCHARDS RESIDENTS ASSOCIATION

Request for Fee Information

Date: _____

To:	Orchards Residents Association	From:	_____
	4059 Orchards Drive SW	Firm:	_____
	Edmonton, AB		_____
	T6X 1W5		_____
Email:	adminsupport@orchardsra.ca	Email:	_____
Phone:	587-525-9640	Phone	_____
Fax:	780-244-2195	Fax:	_____

Property Information

Current Owner(s): _____

Purchaser(s): _____

Purchaser(s) Phone Number(s): _____

Purchaser(s) Email(s): _____

Legal Description (Plan, Block, Lot): _____

Civic Address: _____

Possession Date: _____

Requested by (signature): _____

ORA Fee Information

(to be completed by Orchards Residents Association)

Residents Association Fee: \$ _____ (incl. GST) **for the year (current year):** _____

Fiscal period: January 1 to December 31

Paid: \$ _____ (incl. GST)

Outstanding: \$ _____ (incl. GST)

Completed by: _____
(Print name) (Signature) (Date)