

**Waterloo North Condominium Corporation No. 196
15 Hofstetter Ave. Kitchener**

FOB REQUEST FORM

OWNERS ONLY – TENANTS MUST ORDER THROUGH THE UNIT OWNER

- Fob request forms **MUST** be completed by owner registered with the Condominium. Requests from unregistered owners or tenants cannot be fulfilled.
- Please return the COMPLETED form to stefanie@fiveriverspm.ca or mail/hand deliver to Five Rivers Property Mgmt Grp, 28 Bett Court Guelph ON N1C 0A5. (DO NOT place in the 2nd Floor Office at 15 Hofstetter Ave.)
- Fobs must be collected and signed for at the Five Rivers PM Office. AFTER you have received written approval of your request.
- **Entry FOBs are a cost of \$35.00 payable by exact cash or cheque issued to WNCC 196. Debit or credit is not accepted, and we do not provide change. Cheques must be from the unit owner. Alternatively, you may agree to have the FOB fee be taken with your monthly Condo Fee at the beginning of the month.**
- Your FOB order expires 14 business days after your order is confirmed. Failure to collect your FOB within 14 business days will nullify this request and you will need to resubmit your order.

To be completed by Registered Unit Owner:

Owner Name: _____ Suite Number: _____

Contact Telephone Number: _____ Contact email: _____

This order is to: *(please check one)*

Replace lost/defective FOB (*please complete line below) **Additional FOB for the Unit**

**If this is an order is to replace a lost/defective FOB, please tell us what number is on the FOBs you STILL HAVE in your possession. The numbers are found on the back of the FOB. Failure to provide these numbers will delay your order and may cancel all FOB's assigned to the Unit.* _____

of FOB's Requested: _____

I authorize Five Rivers Property Management to take payment for the FOB(s) with my Condo Fee on the 1st of the month. **YES** **NO** (circle one) Initials: _____

Owner Signature: _____ Date: _____

OFFICE USE ONLY

FOB NO. Issued: _____ Cost: _____ Date FOB Collected from 5R Office: _____

Person Collecting the FOB:

Full Name: _____ Signature: _____

5R Employee Initials Releasing FOB: _____ ID Verified: YES NO