

## TML Management Group Ltd.

PLEASE COMPLETE THE INFORMATION BELOW

For Office Use Only
Reference No.
Order Date
Pick-Up Date

## Fobs/Remotes/Keys Ordering Form

Strata Plan Number (BCS/LMS/NW/NWS/EPS)	Unit Number		Tower (	Tower (if applicable)	
Requester's Name			Contact Number		
Total number of <u>functioning remote</u> <u>transmitter(s)</u> (ie. device with buttons) on hand		pcs.	ID Code #		
Total number of <u>functioning fob(s)</u> (ie. device without buttons) on hand	pcs.		ID Code #		
Total number of main entrance key(s) on hand		pcs. ID Co		Code # (if applicable)	
IMPORTANT INFORMATION					
<ul> <li>Payment can be made by cash/cheque at the time of pick-up. Fob(s)/Remote(s)/Key(s) will only be released when full payment has been received.</li> </ul>					
Price subjected to change without further notice.					
<ul> <li>Please present a piece of Photo ID when picking up the Fob(s)/Remote(s)/Key(s) from our office.</li> </ul>					
<ul> <li>Orders are automatically canceled if not picked up within 45 days.</li> </ul>					
<ul> <li>If your remote and/or fob is lost, please contact us to deactivate it for the safety of the building.</li> </ul>					
Remotes/fobs may take up to a week to program					
ORDER FOR FOBS / REMOTES / KEYS					
Please Indicate	Quantity Required		(For Office Use Only)		
			D Code #	Price(s)	
☐ Remote(s)				\$	
☐ Fob(s)				\$	
☐ Key(s) for access to the following area(s)				\$	
Reason for order:					
			TOTAL:	\$	
		Payment:	☐ Cash ☐	] Cheque #	
Sign of the		Pay to:	☐ Strata ☐	TML Dothers	
Signature		Programm	ed: Yes	] No 🔲 N/A	

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