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## Condo Fee Payment: Cancellation

**This form must be received by the management office at least 7 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 7 days.**

**Payor information (please print)**

Last Name	First Name	
Mailing Address		
City/Town	Postal Code	Daytime Telephone Number

**Part 1:** To: Wellington Standard Condominium Corporation No. 199

Unit # \_\_\_\_\_, Address \_\_\_\_\_  
(complete only if different from address provided above)

**Part 2:** I/We pay the monthly fee by:       cheque                       pre-authorized debit

**Part 3:** 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 of Payor(s): \_\_\_\_\_

Date: \_\_\_\_\_